| Case 16-06857 Doc 1 Fill in this information to identify your case: | Filed 02/29/16  | Entered 02/29/16 16:07:51<br>age 1 of 65 | Desc Main                          |
|---|---|--|------------------------------------|
| United States Bankruptcy Court for the:                             |   |  |                                    |
| Northern District of: Illinois (State)                              |   |  |                                    |
| Case number (if known)  | Chapter you are filing under:  Chapter 7 Chapter 11 Chapter 12 Chapter 13 |  | Check if this is an amended filing |

## Official Form 101

## **Voluntary Petition for Individuals Filing for Bankruptcy**

12/15

The bankruptcy forms use *you* and *Debtor 1* to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use *you* to ask for information from both debtors. For example, if a form asks, "Do you own a car, "the answer would be *yes* if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Part 1: Identify Yourself   |                            |   |
|---|----------------------------|---|
|   | About Debtor 1:            | About Debtor 2 (Spouse Only in a Joint Case): |
| Your full name  Write the name that is on                                 | Erica<br>First name        | First name                                    |
| your government-issued picture identification (for example, your driver's | Middle nameHall            | Middle name                                   |
| license or passport   | Last name                  | Last name                                     |
| Bring your picture identification to your meeting with the trustee.       | Suffix (Sr., Jr., II, III) | Suffix (Sr., Jr., II, III)                    |
| 2. All other names you  |                            |   |
| have used in the last   | First name                 | First name                                    |
| 8 years Include your married or   | Middle name                | Middle name                                   |
| maiden names.   | Last name                  | Last name                                     |
|   | First name                 | First name                                    |
|   | Middle name                | Middle name                                   |
|   | Last name                  | Last name                                     |
| 3. Only the last 4 digits of your Social                                  | XXX - XX- <u>2647</u>      | xxx - xx-                                     |
| Security number or  | OR                         | OR  |
| federal Individual<br>Taxpayer<br>Identification<br>number (ITIN)         | 9 xx - xx-                 | 9 xx - xx-                                    |

Erica Case 16-06857 Doc 1 Filed 021/209/16 Entered 02/29/16 /16:07:51 Desc Main Debtor 1 Page 2 of 65 Document Document **About Debtor 1:** About Debtor 2 (Spouse Only in a Joint Case): 4. Any business names I have not used any business names or EINs. I have not used any business names or EINs. and Employer Identification Business name Business name Numbers (EIN) you have used in the last 8 years Business name Business name Include trade names and EIN EIN doing business as names EIN EIN 5. Where you live If Debtor 2 lives at a different address: 1717 Sunset Ave Number Street Number Street Apt. 10 Illinois 60087 Waukegan Zip Code City State City State Zip Code Lake County County If your mailing address is different from the one above, fill If Debtor 2's mailing address is different from yours, fill it in it in here. Note that the court will send any notices to you at this here. Note that the court will send any notices to this mailing mailing address. address. Number Street Number Street City Zip Code State City State Zip Code 6. Why you are Check one: Check one: choosing this Over the last 180 days before filing this petition, I have lived district to file for Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. in this district longer than in any other district. bankruptcy I have another reason. Explain. (See 28 U.S.C. §§ 1408.) I have another reason. Explain. (See 28 U.S.C. §§ 1408.)

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| 7. The chapter of the<br>Bankruptcy Code<br>you are choosing to<br>file under   | B2010)). Also, go to the top of page   |  |   | ) for Individuals Filing for Bankruptcy (Form  |
|---|--|--|---|--|
| 8. How you will pay the fee   | court for more details ab pay with cash, cashier's behalf, your attorney ma  I need to pay the fee in Individuals to Pay Your F  I request that my fee be law, a judge may, but is a 150% of the official pove installments). If you cho | cout how you may pay. Type check, or money order by pay with a credit card or installments. If you chooseling Fee in Installments (Office waived (You may request not required to, waive you erty line that applies to you | bically, if you a lf your attorney check with a pose this option, fficial Form 103 at this option or fee, and may ur family size a fill out the Apple | sign and attach the Application for  |
| 9. Have you filed for bankruptcy within the last 8 years?   | ✓ No.  ☐ Yes. District  ☐ District  ☐ District   | When When  | MM/DD/YYYY  MM/DD/YYYY  | Case number  Case number  Case number  |
| 10. Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate? | District   | When   | MM/DD/YYYY  MM/DD/YYYY  | Relationship to you  Case number, if known  Relationship to you  Case number, if known |
| 11. Do you rent your residence?   | No. Go to line 12.   | ned an eviction judgment against yo<br>Statement About an Eviction Judgi<br>by petition.   |   |  |

Erica Case 16-06857 Doc 1 Filed 021/209/16 Entered 02/29/16 /16:07:51 Desc Main Page 4 of 65 Document of the Document of th Report About Any Businesses You Own as a Sole Proprietor 12. Are you a sole ◪ No. Go to Part 4. proprietor of any full- or part-time Name and location of business business? Name of business, if any A sole proprietorship is a business you operate as an Number Street individual, and is not a separate legal entity such as a corporation, partnership, or LLC. If you have more than City State Zip Code one sole proprietorship, use a Check the appropriate box to describe your business: separate sheet and Health Care Business (as defined in 11 U.S.C. § 101(27A)) attach it to this petition. Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B)) Stockbroker (as defined in 11 U.S.C. § 101(53A)) Commodity Broker (as defined in 11 U.S.C. § 101(6)) None of the above 13. Are you filing under If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate deadlines. Chapter 11 of the If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of operations, cash-flow **Bankruptcy Code** statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 11 16(1)(B). and are you a small business debtor? No. I am not filing under Chapter 11. For a definition of No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the small business debtor, Bankruptcy Code. see 11 U.S.C. § Yes. I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code. 101(51D). Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention 14. Do you own or have ◪ No. any property that poses or is alleged Yes. What is the hazard? to pose a threat of imminent and identifiable hazard to public health or If immediate attention is needed, why is it needed? safety? Or do you own any property that needs immediate attention? Where is the property? For example, do you Number Street own perishable goods, or livestock that must be fed, or a building that needs urgent repairs? City State Zip Code

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Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling

## **About Debtor 1:** About Debtor 2 (Spouse Only in a Joint Case): You must check one: You must check one: 15. Tell the court whether you have ✓ I received a briefing from an approved credit I received a briefing from an approved credit received briefing counseling agency within the 180 days before I filed this counseling agency within the 180 days before I filed this about credit bankruptcy petition, and I received a certificate of bankruptcy petition, and I received a certificate of counseling. completion. completion. Attach a copy of the certificate and the payment plan, if any, Attach a copy of the certificate and the payment plan, if any, The law requires that that you developed with the agency. that you developed with the agency. you receive a briefing about credit I received a briefing from an approved credit I received a briefing from an approved credit counseling agency within the 180 days before I filed this counseling agency within the 180 days before I filed this counseling before you bankruptcy petition, but I do not have a certificate of bankruptcy petition, but I do not have a certificate of file for bankruptcy. completion. completion. You must truthfully check one of the Within 14 days after you file this bankruptcy petition, Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment you MUST file a copy of the certificate and payment following choices. If plan, if any. plan, if any. you cannot do so, you are not eligible to I certify that I asked for credit counseling services from I certify that I asked for credit counseling services from file. an approved agency, but was unable to obtain those an approved agency, but was unable to obtain those services during the 7 days after I made my request, and services during the 7 days after I made my request, and If you file anyway, exigent circumstances merit a 30-day temporary waiver exigent circumstances merit a 30-day temporary waiver of the requirement. of the requirement. the court can dismiss your case, you will To ask for a 30-day temporary waiver of the requirement, To ask for a 30-day temporary waiver of the requirement, lose whatever filing attach a separate sheet explaining what efforts you made to attach a separate sheet explaining what efforts you made to fee you paid, and obtain the briefing, why you were unable to obtain it before you obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required filed for bankruptcy, and what exigent circumstances required your creditors can you to file this case. you to file this case. begin collection activities again. Your case may be dismissed if the court is dissatisfied with Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for your reasons for not receiving a briefing before you filed for bankruptcy. bankruptcy. If the court is satisfied with your reasons, you must still If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your payment plan you developed, if any. If you do not do so, your case may be dismissed. case may be dismissed. Any extension of the 30-day deadline is granted only for cause Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days. and is limited to a maximum of 15 days. I am not required to receive a briefing about credit I am not required to receive a briefing about credit counseling because of: counseling because of: I have a mental illness or a mental Incapacity. Incapacity. I have a mental illness or a mental deficiency that makes me incapable of deficiency that makes me incapable of realizing or making rational decisions realizing or making rational decisions about finances. about finances. Disability. My physical disability causes me to be Disability. My physical disability causes me to be unable to participate in a briefing in unable to participate in a briefing in person, by phone, or through the person, by phone, or through the internet, even after I reasonably tried to internet, even after I reasonably tried to Active duty. Active duty. I am currently on active military duty in a I am currently on active military duty in a military combat zone. military combat zone.

If you believe you are not required to receive a briefing about

credit counseling, you must file a motion for waiver of credit

counseling with the court.

If you believe you are not required to receive a briefing about

credit counseling, you must file a motion for waiver of credit

counseling with the court.

Page 6 of 65 Document of the Document of th **Answer These Questions for Reporting Purposes** 16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) 16. What kind of debts as "incurred by an individual primarily for a personal, family, or household purpose." do you have? No. Go to line 16b. Yes. Go to line 17. 16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. No. Go to line 16c. Yes. Go to line 17. 16c. State the type of debts you owe that are not consumer debts or business debts. 17. Are you filing under No. I am not filing under Chapter 7. Go to line 18. Chapter 7? Do you estimate that Yes. I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors? after any exempt property is excluded No. and administrative Yes. expenses are paid that funds will be available for distribution to unsecured creditors? **√** 1-49 1,000-5,000 25,001-50,000 18. How many creditors 5,001-10,000 50,001-100,000 50-99 do you estimate that 10,001-25,000 More than 100,000 you owe? 100-199 200-999 **✓** \$0-\$50,000 \$1,000,001-\$10 million \$500,000,001-\$1 billion 19. How much do you \$50,001-\$100,000 \$10,000,001-\$50 million \$1,000,000,001-\$10 billion estimate your assets \$100,001-\$500,000 \$50,000,001-\$100 million \$10,000,000,001-\$50 billion to be worth? \$500,001-\$1 million \$100,000,001-\$500 million More than \$50 billion \$0-\$50,000 \$1,000,001-\$10 million \$500,000,001-\$1 billion 20. How much do you \$50,001-\$100,000 \$10,000,001-\$50 million \$1,000,000,001-\$10 billion estimate your \$100,001-\$500,000 \$50,000,001-\$100 million \$10,000,000,001-\$50 billion liabilities to be? \$500,001-\$1 million \$100,000,001-\$500 million More than \$50 billion Part 7: Sign Below I have examined this petition, and I declare under penalty of perjury that the information provided is true For you and correct. If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7. If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b). I request relief in accordance with the chapter of title 11, United States Code, specified in this petition. I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. x /s/ Erica Hall Signature of Debtor 2 Signature of Debtor 1 2/29/2016 Executed on Executed on MM / DD / YYYY MM / DD / YYYY

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For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

| rect.                            |        |       |      |                |
|----------------------------------|--------|-------|------|----------------|
| /s/ Nathan Delman                |        |       | Date | 2/29/2016      |
| Signature of Attorney for Debtor |        |       |      | MM / DD / YYYY |
| Nathan Delman                    |        |       |      |                |
| Printed name                     |        |       |      |                |
| Semrad Law Firm                  |        |       |      |                |
| Firm name                        |        |       |      |                |
| Number                           | Street |       |      |                |
| City                             |        | State |      | Zip Code       |
| Contact phone                    |        |       |      | Email address  |
| Bar number                       |        |       |      | State          |

Doc 1 Filed 02/29/16 Fntered 02/29/16 16:07:51 Desc Main Fill in this information to identify your case: Debtor 1 Erica First Name Middle Name Last Name Debtor 2 (Spouse, if filing) First Name Middle Name Last Name United States Bankruptcy Court for the: Northern District of Illinois (State) Case number (If known) Check if this is an amended filing Official Form 106Sum Summary of Your Assets and Liabilities and Certain Statistical Information 12/15 Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page. **Summarize Your Assets** Your assets Value of what you own 1. Schedule A/B: Property (Official Form 106A/B) \$0.00 1a. Copy line 55, Total real estate, from Schedule A/B..... \$21,065.00 1b. Copy line 62, Total personal property, from Schedule A/B ...... \$21,065.00 1c. Copy line 63, Total of all property on Schedule A/B..... Summarize Your Liabilities Your liabilities Amount you owe 2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) \$23,026.00 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D 3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) \$0.00 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F...... \$26.149.00 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F..... \$49,175.00 Your total liabilities Summarize Your Income and Expenses 4. Schedule I: Your Income (Official Form 106I) \$1,606.84 Copy your combined monthly income from line 12 of Schedule I.....

5. Schedule J: Your Expenses (Official Form 106J)

Copy your monthly expenses from line 22, Column A, of Schedule J.....

\$1,431.00

Erica Case 16-06857 Doc 1 Filed 02/2/9/16 <u>Entered</u> 02/29/16 /16:07:<u>51 Desc Main</u> Debtor 1 Page 9 of 65 **Answer These Questions for Administrative and Statistical Records** Part 4: 6. Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules. 7. What kind of debt do you have? Your debts are primarily consumer debts. Consumer debts are those incurred by an individual primarily for a personal, family, or household purpose. 11 U.S.C. § 101(8). Fill out lines 8-10 for statistical purposes. 28 U.S.C. § 159. Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules. 8. From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official \$1,047.00 Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F: From Part 4 on Schedule E/F, copy the following: **Total claim** \$0.00 9a. Domestic support obligations (Copy line 6a.) \$0.00 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) \$0.00 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)

\$10,677.00

\$0.00

\$0.00

\$10,677.00

9d. Student loans. (Copy line 6f.)

priority claims. (Copy line 6g.)

9g. Total. Add lines 9a through 9f.

9e. Obligations arising out of a separation agreement or divorce that you did not report as

9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)

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|--|--|---|---|---|---|--|
| Fill in this                           | information to identify your case  |   |   |   |   |  |
| Debtor 1                               | Erica  |   | Hall  |   |   |  |
|  | First Name   | Middle  |   | ame   |   |  |
| Debtor 2<br>(Spouse, i                 | f filing) First Name   | Middle  | Name Last N   | ame   |   |  |
| (-1,                                   | 37 That Name   | Wildaic   |   |   |   |  |
| United Sta                             | ates Bankruptcy Court for the:   | Northern  | District of III   | inois<br>State)   |   |  |
| Case num<br>(If known)                 | ber  |   |   |   |   | _  |
| Officia                                | al Form 106A/B   |   |   |   |   | Check if this is an amended filing   |
| Sche                                   | dule A/B: Prope  | rty   |   |   |   | 12/1   |
| category we sponsib write your Part 1: | tegory, separately list and des<br>where you think it fits best. Be<br>le for supplying correct infor<br>name and case number (if kn<br>Describe Each Residen<br>I own or have any legal or eq | e as complete and<br>mation. If more s<br>own). Answer evo<br>ce, Building, l | d accurate as possible. I<br>pace is needed, attach a<br>ery question.<br>Land, or Other Real | f two married people are fili<br>a separate sheet to this forn<br>Estate You Own or H | ng together, both are<br>n. On the top of any | e equally<br>additional pages,   |
| <b>✓</b>                               | No. Go to Part 2   |   |   |   |   |  |
|  | Yes. Where is the property?  |   |   |   |   |  |
| 1.1                                    |  |   | What is the property Single-family home   |   | the amount of any se                          | red claims or exemptions. Put ecured claims on <i>Schedule D:</i>          |
|  | Street address, if available, or   | other description   | Duplex or multi-unit  | · ·   | Current value of t                            |  |
|  |  |   | Manufactured or mo  | bbile home  | entire property?                              | portion you own?   |
|  | Number Street  |   | Investment property Timeshare   |   | interest (such as for                         | re of your ownership<br>ee simple, tenancy by<br>ı life estate), if known. |
|  | City State   | Zip Code  | Other   |   |   |  |
|  |  |   | Who has an interest in Debtor 1 only  | in the property? Check one.   | Check if this i                               | s community property<br>ons)   |
|  |  |   | Debtor 2 only   |   |   |  |
|  |  |   | Debtor 1 and Debto  | ,   |   |  |
|  |  |   | At least one of the d   |   |   |  |
|  |  |   | property identification   | u wish to add about this ite<br>n number:   | n, such as local                              |  |
| If you o                               | own or have more than one, list h  | nere:   |   |   |   |  |
| 1.2                                    |  |   | What is the property Single-family home   |   | the amount of any se                          | red claims or exemptions. Put ecured claims on <i>Schedule D:</i>          |
|  | Street address, if available, or   | other description   | Duplex or multi-unit  |   | Creditors Who Hav                             | e Claims Secured by Property.  |
|  |  |   | . Condominium or co   | operative   | Current value of t                            |  |
|  |  |   | Manufactured or mo  | obile home  | entire property?                              | portion you own?   |
|  |  |   | Land  |   |   |  |
|  | Number Street  |   | Investment property   |   | Describe the natural interest (such as for    | re of your ownership<br>ee simple, tenancy by                              |
|  | City State   | Zip Code  | Timeshare<br>Other  |   | the entireties, or a                          | life estate), if known.  |
|  |  |   | Who has an interest in Debtor 1 only Debtor 2 only  | in the property? Check one.   | Check if this i                               | s community property<br>ons)   |
|  |  |   | Debtor 1 and Debto  | or 2 only   |   |  |
|  |  |   | At least one of the d   | lebtors and another   |   |  |
|  |  |   | Other information you property identification   | u wish to add about this ite<br>n number:   | n, such as local                              |  |

| Debtor 1                               | Erica Case 16-068   | 57 Doc 1 F  | Filed 02/29/16 Entered 02/29/16   | # <b>16 16 16 16 16 16 16 16</b>                                  | esc Main  |
|--|---|---|---|---|---|
| 1.3Stre                                | et address, if available, or oth  |   | Docume Name Page 11 of 65 hat is the property? Check all that apply.  Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home   | the amount of any sec   | d claims or exemptions. Put ured claims on Schedule D: Claims Secured by Property.  Current value of the portion you own?               |
| Nun                                    |   | Zip Code  | Land Investment property Timeshare Other  | Describe the nature interest (such as fee the entireties, or a li | simple, tenancy by  |
|  |   | Cot   | ho has an interest in the property? Check one.  Debtor 1 only  Debtor 2 only  Debtor 1 and Debtor 2 only  At least one of the debtors and another  ther information you wish to add about this item, soperty identification number: | (see instruction  | community property<br>s)  |
| you ha                                 |   | ion you own for all o                                     | of your entries from Part 1, including any entries fo   |   |   |
| Do you ov<br>you own th<br>3. Cars, va | vn, lease, or have legal or e<br>at someone else drives. If you<br>ns, trucks, tractors, sport utilit | <b>quitable interest in a</b><br>lease a vehicle, also re | any vehicles, whether they are registered or not? Inceport it on Schedule G: Executory Contracts and Unexpess   |   |   |
|  | Make Model: Year: Approximate mileage: Other information:   | Dodge<br>Avenger<br>2014<br>25000                         | Who has an interest in the property? Check one.  ✓ Debtor 1 only  Debtor 2 only  Debtor 1 and Debtor 2 only  At least one of the debtors and another  Check if this is community property (see instructions)                        | the amount of any sec   | d claims or exemptions. Put sured claims on Schedule D: Claims Secured by Property.  e Current value of the portion you own? \$20000.00 |
| 3.2                                    | Make Model: Year: Approximate mileage: Other information:   |   | Who has an interest in the property? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions)                              | the amount of any sec   | d claims or exemptions. Put sured claims on Schedule D: Claims Secured by Property.  E Current value of the portion you own?            |

|     | Erica Case 16-06857 Doc 1 First Name Middle Name | Filed 02/29/16 Entered 02/29/14   | 6⁄46;07: <u>51 Des</u>   | <u>c Main</u>   |  |  |
|-----|--|---|--|---|--|--|
| 33  | Make   | Docume Page 12 of 65 Who has an interest in the property? Check   | Do not deduct secured cl   | laims or exemptions. Put  |  |  |
| 0.0 | Model:   | one.  | the amount of any secured claims on <i>Schedule D</i> :                        |   |  |  |
|     | Year:  | Debtor 1 only   |  | nims Secured by Property.   |  |  |
|     | Approximate mileage:                             | Debtor 2 only   |  |   |  |  |
|     | Other information:                               | Debtor 1 and Debtor 2 only  | Current value of the<br>entire property?                                       | Current value of the portion you own?   |  |  |
|     | Other information.                               |   | —————  | —————   |  |  |
|     |  | At least one of the debtors and another   |  |   |  |  |
|     |  | Check if this is community property (see instructions)  |  |   |  |  |
| 3.4 | Make   | Who has an interest in the property? Check  | Do not deduct secured cl   | laims or exemptions. Put  |  |  |
|     | Model:   | one.  | the amount of any secured claims on Schedule D:                                |   |  |  |
|     | Year:  | Debtor 1 only   | Creditors Who Have Cla   | nims Secured by Property.   |  |  |
|     | Approximate mileage:                             | Debtor 2 only   | Current value of the   | Current value of the  |  |  |
|     | Other information:                               | Debtor 1 and Debtor 2 only  | entire property?   | portion you own?  |  |  |
|     |  | At least one of the debtors and another   | -  |   |  |  |
|     |  | Check if this is community property (see instructions)  |  |   |  |  |
| 4.1 | Yes<br>Make                                      | Who has an interest in the property? Check  | Do not deduct secured of   | laims or exemptions. Put  |  |  |
| 4.1 | Model:   | one.  |  | ed claims on <i>Schedule D:</i>   |  |  |
|     | Year:  | Debtor 1 only   | Creditors Who Have Cla   | aims Secured by Property.   |  |  |
|     | Approximate mileage:                             | Debtor 2 only   | Current value of the   |   |  |  |
|     | Other information:                               | Debtor 1 and Debtor 2 only  | entire property?   |   |  |  |
|     |  |   |  | Current value of the portion you own?   |  |  |
|     |  | At least one of the debtors and another   |  | current value of the portion you own?   |  |  |
|     |  | At least one of the debtors and another  Check if this is community property (see   |  |   |  |  |
|     |  | At least one of the debtors and another  Check if this is community property (see instructions)   |  |   |  |  |
| 4.2 | Make   | Check if this is community property (see  | Do not deduct secured cl   | portion you own?  |  |  |
| 4.2 | Model:   | Check if this is community property (see instructions)  Who has an interest in the property? Check one.   | Do not deduct secured cl   | portion you own?  laims or exemptions. Put dictaims on Schedule D:                                |  |  |
| 4.2 | Model: Year:                                     | Check if this is community property (see instructions)  Who has an interest in the property? Check  | Do not deduct secured cl   | portion you own?  |  |  |
| 4.2 | Model:   | Check if this is community property (see instructions)  Who has an interest in the property? Check one.   | Do not deduct secured cl   | portion you own?  laims or exemptions. Put dictaims on Schedule D:                                |  |  |
| 4.2 | Model: Year:                                     | Check if this is community property (see instructions)  Who has an interest in the property? Check one.  Debtor 1 only  | Do not deduct secured cl<br>the amount of any secure<br>Creditors Who Have Cla | portion you own?  laims or exemptions. Put ed claims on Schedule D: nims Secured by Property.     |  |  |
| 4.2 | Model: Year: Approximate mileage:                | Check if this is community property (see instructions)  Who has an interest in the property? Check one.  Debtor 1 only Debtor 2 only                            | Do not deduct secured of the amount of any secure Creditors Who Have Cla       | laims or exemptions. Put de claims on Schedule D: hims Secured by Property.  Current value of the |  |  |
| 4.2 | Model: Year: Approximate mileage:                | Check if this is community property (see instructions)  Who has an interest in the property? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only | Do not deduct secured of the amount of any secure Creditors Who Have Cla       | laims or exemptions. Put de claims on Schedule D: hims Secured by Property.  Current value of the |  |  |

Doc 1

| Do you own or n   | ave any legal or equitable interest in any of the following items?   | Current value of the portion you own?  Do not deduct secured claims or exemptions. |
|---|--|--|
| 6. Household good   |  |  |
| <b>→</b>  | oliances, furniture, linens, china, kitchenware  |  |
| No  |  |  |
| Yes. Describe   | Misc Household Goods   | \$600.00   |
| •   | is and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music is; electronic devices including cell phones, cameras, media players, games                         |  |
| No  |  |  |
| Yes. Describe   |  |  |
| •   | lue and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; bin, or baseball card collections; other collections, memorabilia, collectibles                       |  |
| <b>✓</b> No   |  |  |
| Yes. Describe   |  |  |
|   | ports and hobbies notographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes ks; carpentry tools; musical instruments   |  |
| <b>/</b> No   |  |  |
| Yes. Describe   |  |  |
|   |  |  |
| <b>¬</b>  | fles, shotguns, ammunition, and related equipment  |  |
| Examples: Pistols, ri No Yes. Describe  11. Clothes Examples: Everyday  | fles, shotguns, ammunition, and related equipment clothes, furs, leather coats, designer wear, shoes, accessories  |  |
| Examples: Pistols, ri No Yes. Describe  11. Clothes Examples: Everyday No   | clothes, furs, leather coats, designer wear, shoes, accessories  |  |
| Examples: Pistols, ri No Yes. Describe  11. Clothes Examples: Everyday  |  | \$450.00   |
| Examples: Pistols, ri No Yes. Describe  11. Clothes Examples: Everyday No Yes. Describe  12. Jewelry  | clothes, furs, leather coats, designer wear, shoes, accessories  Used Clothing  jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems,                          | \$450.00   |
| Examples: Pistols, ri No Yes. Describe  11. Clothes Examples: Everyday No Yes. Describe  12. Jewelry Examples: Everyday gold, silv  | clothes, furs, leather coats, designer wear, shoes, accessories  Used Clothing  jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems,                          | \$450.00   |
| Examples: Pistols, ri No Yes. Describe  11. Clothes Examples: Everyday No Yes. Describe  12. Jewelry Examples: Everyday gold, silv  | clothes, furs, leather coats, designer wear, shoes, accessories  Used Clothing  jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems,                          | \$450.00   |
| Examples: Pistols, ri No Yes. Describe  11. Clothes Examples: Everyday No Yes. Describe  12. Jewelry Examples: Everyday gold, silv  | clothes, furs, leather coats, designer wear, shoes, accessories  Used Clothing  jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, er                       | \$450.00   |
| Examples: Pistols, ri No Yes. Describe  11. Clothes Examples: Everyday No Yes. Describe  12. Jewelry Examples: Everyday gold, silv No Yes. Describe  13. Non-farm anima Examples: Dogs, ca  | clothes, furs, leather coats, designer wear, shoes, accessories  Used Clothing  jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, er                       | \$450.00   |
| Examples: Pistols, ri No Yes. Describe  11. Clothes Examples: Everyday No Yes. Describe  12. Jewelry Examples: Everyday gold, silv No Yes. Describe  13. Non-farm anima Examples: Dogs, ca  | clothes, furs, leather coats, designer wear, shoes, accessories  Used Clothing  jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, er                       | \$450.00   |
| Examples: Pistols, ri No Yes. Describe  11. Clothes Examples: Everyday No Yes. Describe  12. Jewelry Examples: Everyday gold, silv No Yes. Describe  13. Non-farm anima Examples: Dogs, ca  | clothes, furs, leather coats, designer wear, shoes, accessories  Used Clothing  jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, er                       | \$450.00   |
| Examples: Pistols, ri No Yes. Describe  11. Clothes Examples: Everyday No Yes. Describe  12. Jewelry Examples: Everyday gold, silv No Yes. Describe  13. Non-farm anima Examples: Dogs, ca  | clothes, furs, leather coats, designer wear, shoes, accessories  Used Clothing  jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, er  Is ts, birds, horses | \$450.00   |
| Examples: Pistols, ri No Yes. Describe  11. Clothes Examples: Everyday No Yes. Describe  12. Jewelry Examples: Everyday gold, silv No Yes. Describe  13. Non-farm anima Examples: Dogs, ca  | clothes, furs, leather coats, designer wear, shoes, accessories  Used Clothing  jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, er  Is ts, birds, horses | \$450.00   |
| Examples: Pistols, ri No Yes. Describe  11. Clothes Examples: Everyday No Yes. Describe  12. Jewelry Examples: Everyday gold, silv No Yes. Describe  13. Non-farm anima Examples: Dogs, ca No Yes. Describe  14. Any other perso No Yes. Describe | clothes, furs, leather coats, designer wear, shoes, accessories  Used Clothing  jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, er  Is ts, birds, horses | \$450.00   |

Debtor 1 Erica Case 16-06857 Doc 1 Filed 02429/16 Entered 02429/16 (1.6:07:51 Desc Main

rst Name Documentare Page 14 of 65

**Describe Your Financial Assets** Current value of the Do you own or have any legal or equitable interest in any of the following? portion you own? Do not deduct secured claims or exemptions. 16. Cash Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition Yes ..... Cash: ..... 17. Deposits of money Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each. ☐ No Institution name: Yes 17.1. Checking account: 17.2. Checking account: 17.3. Savings account: 17.4. Savings account: 17.5. Certificates of deposit: 17.6. Other financial account: MetaBank - prepaid debit \$15.00 17.7. Other financial account: 17.8. Other financial account: 17.9. Other financial account: 18. Bonds, mutual funds, or publicly traded stocks Examples: Bond funds, investment accounts with brokerage firms, money market accounts ✓ No Institution or issuer name: Yes 19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture **✓** No Name of entity % of ownership: Yes. Give specific information about them

| Deb | first Name   |   |  |
|-----|--|---|--|
| 20. | Government and corpo                               | Document Page 15 of 65  porate bonds and other negotiable and non-negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders.             |  |
|     |  | ents are those you cannot transfer to someone by signing or delivering them.  |  |
|     | <b>✓</b> No  |   |  |
|     | Yes. Give specific                                 |   |  |
|     | information about                                  | Issuer name:  |  |
|     | them   |   |  |
|     |  |   |  |
|     |  |   |  |
| 21. | Retirement or pension<br>Examples: Interests in IR | n accounts<br>RA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans   |  |
|     | ✓ No   | Type of account: Institution name:  |  |
|     | Yes. List each account separately.                 |   |  |
|     | doodant soparatory.                                | 401(k) or similar plan:   |  |
|     |  | Pension plan:   |  |
|     |  | IRA:  |  |
|     |  | Retirement account:   |  |
|     |  | Keogh:  |  |
|     |  | Additional account:   |  |
|     |  | Additional account:   |  |
| 22. | Examples: Agreements v companies, or others        | prepayments deposits you have made so that you may continue service or use from a company with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications |  |
|     | ✓ No   | Institution name:   |  |
|     | Yes  | Electric:   |  |
|     |  | Gas:  |  |
|     |  | Heating oil:  |  |
|     |  | Security deposit on rental unit:  |  |
|     |  | Prepaid rent:   |  |
|     |  | Telephone:  |  |
|     |  | Water:  |  |
|     |  | Rented furniture:   |  |
|     |  | Other:  |  |
| 23. | Annuities (A contract for                          | or a periodic payment of money to you, either for life or for a number of years)  |  |
|     | <b>✓</b> No  |   |  |
|     | Yes  | Issuer name and description:  |  |
|     |  |   |  |
|     |  |   |  |
|     |  |   |  |

| Debt | or 1     | Erica<br>First Na             | Cas            | se 1                 | 6-06857   | Doc 1<br>Middle Name               |               | <u>02√29/16</u><br>cumheinht <sup>me</sup> |              |                    | 66/166i∙07: <u>51</u>                  | Desc Main   | _ |
|------|----------|-------------------------------|----------------|----------------------|---|------------------------------------|---------------|--|--------------|--------------------|--|---|---|
| 24.  |          |                               |                |                      | tion IRA, in a<br>, 529A(b), and                      |                                    | a qualifie    | d ABLE progra                              | m, or und    | er a qualified sta | ate tuition program.                   |   |   |
|      |          | No<br>Yes                     | <br> -<br> -   | nstitutio            | on name and o   | description. Sep                   | parately file | the records of a                           | ny interest  | s.11 U.S.C. § 521  | (c):                                   | _   | _ |
| 25.  | ехе      |                               | -              |                      | uture interes<br>penefit                              | ts in property                     | (other th     | an anything lis                            | ted in line  | 1), and rights o   | r powers                               |   | _ |
|      |          | Yes. [                        | Describ        | oe                   |   |                                    |               |  |              |                    |  |   | _ |
| 26.  | Еха      | mples:<br>No                  |                | et dom               |   |                                    |               | r intellectual proyalties and licens       |              | nents              |  |   | _ |
| 27.  | Еха      |                               | Buildi         | ng per               |   | eneral intangil<br>e licenses, coo |               | ssociation holdin                          | gs, liquor l | censes, professi   | onal licenses                          |   |   |
| Mor  | ney (    | or pr                         | oper           | ty ow                | ed to you   | ?                                  |               |  |              |                    |  | Current value of the portion you own? Do not deduct secured claims or exemptions. |   |
| 28.  | Tax      | refund                        | s owe          | ed to y              | ou  |                                    |               |  |              |                    |  |   |   |
|      |          | Yes. G<br>a<br>y              | bout thou alre | nem, in<br>eady file | nformation<br>ncluding wheth<br>ed the returns<br>ars |                                    |               |  |              |                    | Federal: State: Local:                 |   | - |
| 29.  |          | n <b>ily su</b> p<br>nples: I |                | ue or lu             | ump sum alimo   | ony, spousal sup                   | oport, child  | I support, mainte                          | nance, divo  | orce settlement, p | roperty settlement                     |   | • |
|      | <b>V</b> | No                            |                |                      | nformation  |                                    |               |  |              |                    | Alimony:                               |   | _ |
|      |          |                               |                |                      |   |                                    |               |  |              |                    | Maintenance:                           |   | - |
|      |          |                               |                |                      |   |                                    |               |  |              |                    | Support:                               |   | - |
|      |          |                               |                |                      |   |                                    |               |  |              |                    | Divorce settlement Property settlement |   | - |
| 30.  |          | nples: \                      | Jnpaid         | d wage               | -   |                                    |               |  | pay, vacati  | on pay, workers' c |  |   | • |
|      |          | No<br>Yes. D                  | escrib         | e                    |   |                                    |               |  |              |                    |  |   | _ |

| Debt | tor 1    | Erica Case 16 First Name                            | 6-06857           | Doc 1<br>Middle Name | Filed 02/29/16 Document                               | Entered 02/29/10 Page 17 of 65   | L6∂L6i07: <u>51 D</u>      | esc Main   |
|------|----------|---|-------------------|----------------------|---|----------------------------------|----------------------------|--|
| 31.  |          | rests in insurance  <br>mples: Health, disabi       |                   | rance; health        |   | edit, homeowner's, or rente      | 's insurance               |  |
|      |          | No<br>Yes. Name the insur<br>of each policy and lis |                   | -                    | Company name:   |                                  | Beneficiary:               | Surrender or refund value:   |
| 32.  | If you   |   | of a living trust |                      | meone who has died<br>eeds from a life insurance      | policy, or are currently entitle | d to receive               |  |
| 33.  | Exar     |   |                   |                      | have filed a lawsuit or more claims, or rights to sue | ade a demand for payme           | nt                         |  |
| 34.  | _        | Yes. Describe                                       | unliquidated      | claims of av         | very nature, including co                             | unterclaims of the debtor        | and rights                 |  |
| 34.  | to so    | et off claims  No Yes. Describe                     | umquidated        | Ciaiiiis Oi ev       | ery nature, including co                              | unterclaims of the debtor        | and rights                 |  |
| 35.  | <b>✓</b> | financial assets yo No Yes. Describe                | u did not alre    | ady list             |   |                                  |                            |  |
| 36.  |          |   | -                 |                      |   | es for pages you have att        |                            | \$15.00  |
| Part | 5:       | Describe Any B                                      | usiness-R         | elated Pro           | perty You Own or H                                    | ave an Interest In. Li:          | st any real estate i       | n Part 1.  |
| 37.  | Do y     | ou own or have an                                   | y legal or equ    | uitable intere       | est in any business-relate                            | d property?                      |                            |  |
|      |          | No. Go to Part 6.<br>Yes. Go to line 38.            |                   |                      |   |                                  |                            | Current value of the portion you own? Do not deduct secured claims or exemptions |
| 38.  | <b>✓</b> | ounts receivable or<br>No<br>Yes. Describe          | commissions       | s you alread         | y earned  |                                  |                            |  |
| 39.  |          | ce equipment, furn<br>nples: Business-rela          |                   |                      | odems, printers, copiers, fa                          | x machines, rugs, telephone      | s, desks, chairs, electron | ic devices   |
|      |          | No<br>Yes. Describe                                 |                   |                      |   |                                  |                            |  |

| Deb          | tor 1 Erica Case I                  |   | esc Main                                |
|--------------|-------------------------------------|---|---|
| 40.          | First Name  Machinery, fixtures, eq | Middle Name Docum et name Page 18 of 65 uipment, supplies you use in business, and tools of your trade                |   |
|              | <b>✓</b> No                         |   |   |
|              | Yes. Describe                       |   |   |
| 41.          | Inventory                           |   |   |
|              | <b>✓</b> No                         |   |   |
|              | Yes. Describe                       |   |   |
| 42.          | Interests in partnershi             | ps or joint ventures  |   |
|              | ✓ No                                |   |   |
|              | Yes. Give specific                  | Name of entity: % of ownership:   |   |
|              | information about                   |   | _                                       |
|              | them                                |   |   |
|              |                                     |   |   |
| 43. <b>(</b> | Customer lists, mailing             | lists, or other compilations  |   |
|              | <b>✓</b> No                         |   |   |
|              | Yes. Do your lists inc              | clude personally identifiable information (as defined in 11 U.S.C. § 101(41A))?                                       |   |
|              | No                                  |   |   |
|              | Yes. Descr                          | be  |   |
| 44           | Any husiness-related n              | roperty you did not already list  |   |
|              | _                                   | reporty you and not an easy not   |   |
|              | ✓ No  Yes. Give specific            |   | <u> </u>                                |
|              | information                         |   | _                                       |
|              |                                     |   |   |
|              |                                     |   |   |
|              |                                     |   | <del></del>                             |
|              |                                     |   | <del></del>                             |
|              |                                     |   |   |
| <b>.</b> .   |                                     | l of your entries from Part 5, including any entries for pages you have attached                                      |   |
|              | art 5. Write that number            |   |   |
| Part         |                                     | arm- and Commercial Fishing-Related Property You Own or Have an Interest In. interest in farmland, list it in Part 1. |   |
| 46.          | Do you own or have a                | ny legal or equitable interest in any farm- or commercial fishing-related property?                                   |   |
|              | ✓ No. Go to Part 7.                 |   | Current value of the                    |
|              | Yes. Go to line 47.                 |   | portion you own?  Do not deduct secured |
|              |                                     |   | claims                                  |
| 47.          | Farm animals                        |   | or exemptions                           |
|              | Examples: Livestock, pou            | ultry, farm-raised fish   |   |
|              | <b>✓</b> No                         |   |   |
|              | Yes. Describe                       |   |   |
|              |                                     |   |   |

| Deb          | tor 1 Erica Case 16-06857 First Name                              |                       |                       | Entered 02/29/16 /16:07:51<br>Page 19 of 65 | Desc Main    |
|--------------|---|-----------------------|-----------------------|---|--------------|
| 48.          | Crops-either growing or harvested                                 |                       | ocument               | 1 age 19 01 03                              |              |
|              | <b>✓</b> No   |                       |                       |   |              |
|              | Yes. Describe   |                       |                       |   |              |
| 49.          | Farm and fishing equipment, imple                                 | ments, machinery,     | fixtures, and tools   | of trade                                    |              |
|              | <b>✓</b> No   |                       |                       |   |              |
|              | Yes. Describe   |                       |                       |   |              |
| 50.          | Farm and fishing supplies, chemica                                | als, and feed         |                       |   |              |
|              | <b>✓</b> No   |                       |                       |   |              |
|              | Yes. Describe   |                       |                       |   |              |
| 51.          | Any farm- and commercial fishing-r                                | elated property you   | ı did not already lis | st  |              |
|              | Examples: Livestock, poultry, farm-raise                          |                       | ,                     |   |              |
|              | <b>✓</b> No   |                       |                       |   |              |
|              | Yes. Describe   |                       |                       |   |              |
| 52 A         | dd the dollar value of all of your entr                           | ios from Part 6 incl  | uding any entries     | for pages you have attached                 |              |
|              | art 6. Write that number here                                     |                       |                       |   |              |
|              |   |                       |                       |   |              |
|              |   |                       | <u></u> .             |   |              |
| Part<br>53.  | 7: Describe All Property You  Do you have other property of any I |                       |                       | nat You Did Not List Above                  |              |
| 55.          | Examples: Season tickets, country club                            |                       | auy list:             |   |              |
|              | ✓ No  |                       |                       |   |              |
|              | Yes. Give specific  |                       |                       |   |              |
|              | information   |                       |                       |   |              |
|              |   |                       |                       |   |              |
| 54. A        | dd the dollar value of all of your entr                           | ies from Part 7. Wri  | te that number her    | re  |              |
|              |   |                       |                       |   | L            |
|              | _   |                       |                       |   |              |
| Part         | 8: List the Totals of Each Pa                                     | rt of this Form       |                       |   |              |
| 55. <b>F</b> | Part 1: Total real estate, line 2                                 |                       |                       | <b>&gt;</b>                                 |              |
| 56. <b>p</b> | part 2 total vehicles, line 5                                     |                       | \$20000.0             | 0   |              |
| 57. <b>P</b> | art 3: Total personal and household                               | items, line 15        | \$1050.00             |   |              |
| 58. <b>P</b> | Part 4: Total financial assets, line 36                           |                       | \$15.00               |   |              |
| 59. <b>F</b> | Part 5: Total business-related proper                             | ty, line 45           | <u> </u>              |   |              |
| 60. <b>F</b> | Part 6: Total farm- and fishing-relate                            | d property, line 52   |                       |   |              |
| 61. <b>F</b> | Part 7: Total other property not listed                           | l, line 54            |                       |   |              |
| 62. 1        | <b>Fotal personal property.</b> Add lines 56 t                    | hrough 61             | \$21065.0             | 0   | + \$21065.00 |
|              |   |                       | 42.000.0              | Copy personal property                      | total >      |
|              |   |                       |                       |   | \$21065.00   |
| 63. <b>T</b> | otal of all property on Schedule A/B.                             | Add line 55 + line 62 |                       |   |              |

| Fill in this infor  | Case 16-06857 Do  | c 1 Filed 02/   | 29/16 Entered 02/2  | 9/16 16:07:51   | Desc Main   |
|---|---|---|---|---|---|
| Debtor 1  | Erica   |   | Hall  |   |   |
|   | First Name  | Middle Name   | Last Name   |   |   |
| Debtor 2<br>Spouse, if filin  | ng) First Name  | Middle Name   | Last Name   |   |   |
| Jnited States   | Bankruptcy Court for the: Northe  | m [   | District of Illinois  |   |   |
| Case number   |   |   | (State)   |   |   |
| •   | Form 106C   |   |   |   | Check if this is amended filing   |
| Schedu  | le C: The Property  | / You Claim   | as Exempt   |   | 12  |
| to state a xempted undeceive certical xemption of roperty is eart 1: Idea I. Which series You | em of property you claim as a specific dollar amount as a property you claim as a property to the amount of any approperty of 100% of fair market value determined to exceed that a property You Claim are claiming state and federal nonbar are claiming federal exemptions. 11 Interpretatively list an School A APPROPERTY YOU LIST AND A PROPERTY | exempt. Alternatively personal statutory per retirement function and the statutory per retirement function amount, your exemple as Exempt  1.3. Check one only, even a statutory exemptions. 11  J.S.C. § 522(b)(2) | vely, you may claim the full limit. Some exemptions—ds—may be unlimited in a tlimits the exemption to a semption would be limited in if your spouse is filing with you.  U.S.C. § 522(b)(3) | Ill fair market value —such as those for dollar amount. How a particular dollar a to the applicable s | e of the property being<br>r health aids, rights to<br>wever, if you claim an<br>amount and the value of th |
|   | property you list on Schedule A/B   | ·   | • •   |   |   |
|   | scription of the property and line dule A/B that lists this property  | the portion you   | Amount of the exemption you   | ·   | cific laws that allow exemption   |
|   |   | own  Copy the value from Schedule A/B   | Check only one box for each exe   | этриоп.   |   |
| Brief   |   |   | _   |   | 735 ILCS 5/12-1001(b)   |
| description   |   | \$600.00  | \$600.00  |   |   |
| Line from<br>Schedule   |   |   | 100% of fair market value, u applicable statutory limit   | p to any  |   |
| Brief   |   | •   |   |   | 735 ILCS 5/12-1001(a)   |
| description   |   | \$450.00  | \$450.00  |   |   |
| Line from<br>Schedule   |   |   | 100% of fair market value, u applicable statutory limit   | p to any  |   |
| (Subject  | claiming a homestead exemption to adjustment on 4/01/16 and every 3  Did you acquire the property covered   | years after that for case   | es filed on or after the date of adjus  | ,   |   |

No Yes

Erica Case 16-06857
First Name Doc 1 Debtor 1 Document the Document Page 21 of 65 Additional Page Part 2: Brief description of the property and line Current value of Amount of the exemption you claim Specific laws that allow exemption on Schedule A/B that lists this property the portion you Check only one box for each exemption. own Copy the value from Schedule A/B

\$15.00

100% of fair market value, up to any

applicable statutory limit

**✓** 

MetaBank - prepaid

17

\$15.00

Brief

description:

Schedule A/B:

Line from

735 ILCS 5/12-1001(b)

|                                 | Case 16-06857   | Doc 1 Filed (                                  | 72/29/16            | <u> Entered 02/2</u> 9 | /16 16·07·51   | Desc Main  |                                   |
|---------------------------------|---|--|---------------------|------------------------|--|--|-----------------------------------|
| Fill in this informa            | ation to identify your case:  |  |                     |                        | 10 10.07.01  | Desc Main  |                                   |
| Debtor 1                        | Erica   |  | Hall                |                        |  |  |                                   |
|                                 | First Name  | Middle Name                                    | Last Na             | me                     |  |  |                                   |
| Debtor 2<br>(Spouse, if filing) | First Name  | Middle Name                                    | Last Na             | me e                   |  |  |                                   |
| United States Ba                | ankruptcy Court for the: N  | orthern  | District of Illin   | ois                    |  |  |                                   |
| O                               |   |  | (Sta                | ate)                   |  |  |                                   |
| Case number (If known)          |   |  |                     |                        |  |  |                                   |
| Official F                      | orm 106D  |  |                     |                        |  |  | eck if this is a<br>nended filing |
| Schedu                          | le D: Credito   | rs Who Hav                                     | ∕e Claim            | s Secured              | by Prope   | rty  | 12/1                              |
| 1. <b>Do any cre</b>            | top of any additional ditors have claims secured neck this box and submit this fill in all of the information below.  All Secured Claims ured claims. | I by your property? form to the court with you | r other schedules.  | You have nothing else  | to report on this form.                                | Column B   | Column C                          |
| claim. If mor                   | re than one creditor has a pa<br>t the claims in alphabetical of  | rticular claim, list the other                 | er creditors in Par | • •                    | Amount of claim Do not deduct the value of collateral. | Value of collateral<br>that supports this<br>claim | Unsecured portion If any          |
| 2.1 Chrysler Ca                 |   | _ Dagariba tha wasanan                         |                     |                        | \$23,026.00  | \$20,000.00  | \$3,026.00                        |
| Creditor's Na                   |   | Describe the propert                           | y that secures tr   | ie ciaim:              |  |  |                                   |
| P.O. Box 96<br>Number           | Street  | -   Value: \$20,000.00                         |                     |                        |  |  |                                   |
|                                 |   | As of the date you file                        | e, the claim is: C  | heck all that apply.   |  |  |                                   |
| Fort Worth                      | n Texas 76161   | Contingent                                     |                     |                        |  |  |                                   |
| City                            | n         Texas         76161           State         ZIP Code  | <ul> <li>Unliquidated</li> </ul>               |                     |                        |  |  |                                   |
| •                               | the debt? Check one.  | Disputed                                       |                     |                        |  |  |                                   |
| ✓ Debtor                        | 1 only  | Nature of lien. Check                          | all that apply.     |                        |  |  |                                   |
| Debtor:                         | 2 only  | ✓ An agreement you                             | ı made (such as n   | nortgage or secured    |  |  |                                   |
| Debtor                          | 1 and Debtor 2 only   | car loan)                                      |                     |                        |  |  |                                   |
|                                 | one of the debtors and  | Statutory lien (suc                            | h as tax lien, mec  | hanic's lien)          |  |  |                                   |
| another                         |   | Judgment lien fror                             |                     |                        |  |  |                                   |
|                                 | if this claim relates to a<br>unity debt  | Other (including a                             | right to offset)    |                        |  |  |                                   |
|                                 | vas incurred 2/1/2014   | Last 4 digits of acco                          | unt number          | 1000                   |  |  |                                   |
|                                 | Add the dollar value of you here:   | ur entries in Column A                         | on this page. W     | rite that number       | \$23,026.00  |  |                                   |

|   |   | Case 16-06857  | 7 Doc 1 File   | d 02/29/16  | Entered 03  | 2/29/16 16:07:51   | Desc   | Main  |   |
|---|---|--|--|---|---|--|--|---|---|
| Fill in                                 | this informa  | ation to identify your case  |  |   |   | 3/10 10.07.31  | Desc   | IVICIII                                       |   |
| Debto                                   | or 1  | Erica<br>First Name  | Middle Name  | Hall<br>Last N  | Jame  | -  |  |   |   |
| Debto<br>(Spou                          |   | First Name   | Middle Name  |   |   | -  |  |   |   |
| Unite                                   | d States Ba   | nkruptcy Court for the:  | Northern   | District of II  | linois<br>State)  | -  |  |   |   |
| Case<br>(If kno                         | number<br>own)  |  |  | (   | olale)  | -  |  |   |   |
| Offi                                    | cial Fo   | orm 106E/F   |  |   |   | <del></del> ,  | Chec   | ck if this is ar                              | n amended filing                          |
| Scl                                     | hedu  | le E/F: Cre  | ditors Who   | Have U  | nsecure   | d Claims   |  |   | 12/15                                     |
| party t<br>106A/E<br>are list<br>the bo | to any exect<br>B) and on S<br>ted in Sche<br>exes on the | cutory contracts or une<br>Schedule G: Executory<br>edule D: Creditors Who | expired leases that cour<br>contracts and Unexp<br>or Hold Claims Secured<br>nuation Page to this pa | ld result in a claim<br>ired Leases (Offici<br>If by Property. If mage. On the top of | . Also list executo<br>al Form 106G). Do<br>ore space is need | t 2 for creditors with NON<br>ory contracts on Schedule<br>on to include any creditor<br>led, copy the Part you ne<br>ges, write your name and | e <i>A/B: Prop</i><br>rs with parti<br>ed, fill it out | erty (Officia<br>ally secured<br>t, number th | al Form<br>d claims that<br>ne entries in |
| 1.                                      |   | ditors have priority unso to Part 2.                                       | secured claims agains  | t you?  |   |  |  |   |   |
|   | identify wha<br>possible, lis<br>Part 1. If mo            | t type of claim it is. If a cla  | aim has both priority and<br>al order according to the<br>ds a particular claim, list                | nonpriority amounts<br>creditor's name. If<br>the other creditors i                   | s, list that claim here<br>you have more thar<br>n Part 3.    | m, list the creditor separatel<br>and show both priority and<br>two priority unsecured clai  | nonpriority a  | amounts. As                                   | much as                                   |
|   |   |  |  |   |   |  | Total claim  | Priority amount                               | Nonpriority amount                        |
|   |   |  |  |   |   |  |  |   |   |

Doc 1 Filed 021/20/16 Entered 02/20/16 16:07:51 Desc Main Debtor 1 Documernt Page 24 of 65 List All of Your NONPRIORITY Unsecured Claims Do any creditors have nonpriority unsecured claims against you? No. You have nothing to report in this part. Submit this form to the court with your other schedules. ◪ List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.If you have more than four priority unsecured claims fill out the Continuation Page of **Total claim** 4.1 City of Chicago Parking \$9,000.00 Last 4 digits of account number Nonpriority Creditor's Name 121 N. LaSalle St # 107A When was the debt incurred? Number Street As of the date you file, the claim is: Check all that apply. Contingent Chicago Illinois 60602 Unliquidated City State Zip Code Who incurred the debt? Check one. Disputed Debtor 1 only |√| Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that At least one of the debtors and another you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Check if this claim relates to a community debt Other. Specify Is the claim subject to offset? **✓** No Yes 4.2 Comcast \$500.00 Last 4 digits of account number Nonpriority Creditor's Name 11621 E. Marginal Way # 5 When was the debt incurred? Number Street As of the date you file, the claim is: Check all that apply. Contingent 98168 Seattle Washington Unliquidated City Zip Code Who incurred the debt? Check one. Disputed **V** Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that At least one of the debtors and another you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Check if this claim relates to a community debt Is the claim subject to offset? Other. Specify **✓** No Yes 4.3 CREDITONEBNK \$656.00 7855 Last 4 digits of account number Nonpriority Creditor's Name PO BOX 98872 When was the debt incurred? 4/1/2015 Number Street As of the date you file, the claim is: Check all that apply. Contingent LAS VEGAS Nevada 89193 Unliquidated City State Zip Code Who incurred the debt? Check one. Disputed ✓ Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that At least one of the debtors and another you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Check if this claim relates to a community debt Other. Specify Is the claim subject to offset?

✓ No Yes

Debtor 1 Erica Case 16-06857 Doc 1 Filed 02/29/16 Entered 02/29/16 16:007:51 Desc Main
First Name Document Page 25 of 65

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page 

|     | After listing any entries on this page, number them beginning                   | with 4.5, followed by 4.6, and so forth.  | Total claim |
|-----|---|---|-------------|
| 4.4 | FIRST PREMIER BANK  | Last 4 digits of account number   | \$566.00    |
|     | Nonpriority Creditor's Name<br>601 S MINNESOTA AVE                              | When was the debt incurred? 2/1/2015  |             |
|     | Number Street   | As of the date you file, the claim is: Check all that apply.  |             |
|     |   | Contingent  |             |
|     | SIOUX FALLS South Dakota 57104  |   |             |
|     | City State Zip Code Who incurred the debt? Check one.                           | Unliquidated  |             |
|     | Debtor 1 only   | Disputed  |             |
|     | Debtor 2 only   | Type of NONPRIORITY unsecured claim:  |             |
|     | Debtor 1 and Debtor 2 only  | Student loans   |             |
|     | At least one of the debtors and another   | Obligations arising out of a separation agreement or divorce that you did not report as priority claims |             |
|     |   | Debts to pension or profit-sharing plans, and other similar debts                                       |             |
|     | Check if this claim relates to a community debt Is the claim subject to offset? | ✓ Other. Specify  |             |
|     | No  | Other. Specify  |             |
|     | Yes   |   |             |
| 4.5 |   |   | Φο ος       |
| 4.5 | Nonpriority Creditor's Name   | Last 4 digits of account number   | \$0.00      |
|     | 2701 S. Dirksen Parkway  Number Street  | When was the debt incurred?n/a  |             |
|     | Number Street   | As of the date you file, the claim is: Check all that apply.  |             |
|     |   | Contingent  |             |
|     | SpringfieldIllinois62723CityStateZip Code                                       | Unliquidated  |             |
|     | Who incurred the debt? Check one.   | Disputed  |             |
|     | Debtor 1 only   | Type of NONPRIORITY unsecured claim:  |             |
|     | Debtor 2 only   | Student loans   |             |
|     | Debtor 1 and Debtor 2 only  | Obligations arising out of a separation agreement or divorce that                                       |             |
|     | At least one of the debtors and another   | you did not report as priority claims   |             |
|     | Check if this claim relates to a community debt                                 | Debts to pension or profit-sharing plans, and other similar debts                                       |             |
|     | Is the claim subject to offset?   | Other. Specify  |             |
|     | ✓ No  |   |             |
|     | Yes   |   |             |
| 4.6 | Illinois Tollway  | Last 4 digits of account number   | \$250.00    |
|     | Nonpriority Creditor's Name<br>2700 Ogden Ave                                   |   |             |
|     | Number Street   | When was the debt incurred?n/a  |             |
|     |   | As of the date you file, the claim is: Check all that apply.  |             |
|     | Downers Grove Illinois 60515  | Contingent  |             |
|     | City State Zip Code   | Unliquidated  |             |
|     | Who incurred the debt? Check one.  Debtor 1 only                                | Disputed  |             |
|     | Debtor 2 only   | Type of NONPRIORITY unsecured claim:  |             |
|     | <u>-</u>  | Student loans   |             |
|     | Debtor 1 and Debtor 2 only  | Obligations arising out of a separation agreement or divorce that                                       |             |
|     | At least one of the debtors and another   | you did not report as priority claims   |             |
|     | Check if this claim relates to a community debt                                 | Debts to pension or profit-sharing plans, and other similar debts                                       |             |
|     | Is the claim subject to offset?   | ✓ Other. Specify  |             |
|     | ✓ No  |   |             |
|     | Yes   |   |             |

Debtor 1 Erica Case 16-06857 Doc 1 Filed 021/20/16 Entered 02/20/16 (166:07:51 Desc Main First Name Document Page 26 of 65

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

|     | After listing any entries on this page, number them beginning w | rith 4.5, followed by 4.6, and so forth.  | Total claim |
|-----|---|---|-------------|
| 4.7 | Navient Nonpriority Creditor's Name                             | Last 4 digits of account number 1214  | \$6,836.00  |
|     | 1002 ARTHUR DR  | When was the debt incurred? 12/1/2006   |             |
|     | Number Street   | As of the date you file, the claim is: Check all that apply.  |             |
|     | IVAIN HAVEN FIRST- 20444  | Contingent  |             |
|     | LYNN HAVEN Florida 32444 City State Zip Code                    | Unliquidated  |             |
|     | Who incurred the debt? Check one.  Debtor 1 only                | Disputed  |             |
|     |   | Type of NONPRIORITY unsecured claim:  |             |
|     | Debtor 2 only  Debtor 1 and Debtor 2 only                       | ✓ Student loans   |             |
|     | At least one of the debtors and another                         | <ul> <li>Obligations arising out of a separation agreement or divorce that<br/>you did not report as priority claims</li> </ul> |             |
|     | Check if this claim relates to a community debt                 | Debts to pension or profit-sharing plans, and other similar debts   |             |
|     | Is the claim subject to offset?                                 | Other. Specify  |             |
|     | ✓ No  |   |             |
|     | Yes   |   |             |
| 4.8 | Navient<br>Naporiorita Craditario Napo                          | Last 4 digits of account number 1214  | \$3,841.00  |
|     | Nonpriority Creditor's Name<br>1002 ARTHUR DR                   | When was the debt incurred? 12/1/2006   |             |
|     | Number Street   | As of the date you file, the claim is: Check all that apply.  |             |
|     |   | Contingent  |             |
|     | LYNN HAVEN Florida 32444 City State Zip Code                    | Unliquidated  |             |
|     | Who incurred the debt? Check one.                               | Disputed  |             |
|     | ✓ Debtor 1 only   |   |             |
|     | Debtor 2 only   | Type of NONPRIORITY unsecured claim:  |             |
|     | Debtor 1 and Debtor 2 only                                      | Student loans   |             |
|     | At least one of the debtors and another                         | Obligations arising out of a separation agreement or divorce that you did not report as priority claims                         |             |
|     | Check if this claim relates to a community debt                 | Debts to pension or profit-sharing plans, and other similar debts   |             |
|     | Is the claim subject to offset?                                 | Other. Specify  |             |
|     | ✓ No  |   |             |
|     | Yes   |   |             |
| 4.9 | US Cellular   | - Last 4 digits of account number   | \$500.00    |
|     | Nonpriority Creditor's Name<br>Dept 0205                        | When was the debt incurred?n/a  |             |
|     | Number Street   |   |             |
|     |   | As of the date you file, the claim is: Check all that apply.  Contingent  |             |
|     | Palatine Illinois 60055   | · ·   |             |
|     | City State Zip Code  Who incurred the debt? Check one.          | Unliquidated  |             |
|     | Debtor 1 only   | ☐ Disputed  |             |
|     | Debtor 2 only   | Type of NONPRIORITY unsecured claim:  |             |
|     | Debtor 1 and Debtor 2 only                                      | Student loans   |             |
|     | At least one of the debtors and another                         | Obligations arising out of a separation agreement or divorce that you did not report as priority claims                         |             |
|     | Check if this claim relates to a community debt                 | Debts to pension or profit-sharing plans, and other similar debts   |             |
|     | Is the claim subject to offset?                                 | ✓ Other. Specify  |             |
|     | ✓ No  | <del>-</del>  |             |
|     | Yes   |   |             |

Filed 02/29/16 Entered 02/29/16 16:07:51 Desc Main Debtor 1 Erica Case 16-06857 Doc 1

Document Page 27 of 65 Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. **Total claim** 4.10 Willowbrook Acceptance Corp \$4,000.00 Last 4 digits of account number Nonpriority Creditor's Name 7301 Kingery Hwy When was the debt incurred? n/a Number Street As of the date you file, the claim is: Check all that apply. Contingent Willowbrook Illinois Unliquidated City State Zip Code Who incurred the debt? Check one. Disputed Debtor 1 only  $\overline{\mathbf{V}}$ 

Student loans

Other. Specify

Type of NONPRIORITY unsecured claim:

you did not report as priority claims

Obligations arising out of a separation agreement or divorce that

Debts to pension or profit-sharing plans, and other similar debts

Debtor 2 only

**✓** No Yes

Debtor 1 and Debtor 2 only

Is the claim subject to offset?

At least one of the debtors and another

Check if this claim relates to a community debt

Debtor 1 Erica Case 16-06857 Doc 1 Filed 02/29/16 Entered 02/29/16 @607:51 Desc Main

First Name Documernia Page 28 of 65

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

|                             | nounts of certain types of unsecured claims. This information is founts for each type of unsecured claim.  | or st | atistical reporting purposes only. 28 U.S.C. §1 |
|-----------------------------|--|-------|---|
|                             |  |       | Total claims                                    |
| Total claims<br>from Part 1 | 6a. Domestic support obligations.  | 6a.   | \$0.00  |
|                             | 6b. Taxes and certain other debts you owe the  | 6b.   | \$0.00  |
|                             | 6c. Claims for death or personal injury while you were intoxicate  | d 6c. | \$0.00  |
|                             | 6d. Other. Add all other priority unsecured claims. Write that amount here.                                | 6d.   | \$0.00  |
|                             | 6e. Total. Add lines 6a through 6d.  | 6e.   | \$0.00  |
|                             |  |       | Total claims                                    |
| Total claims<br>from Part 2 | 6f. Student loans  | 6f.   | \$10,677.00                                     |
|                             | 6g. Obligations arising out of a separation agreement or divorc that you did not report as priority claims | e 6g. | \$0.00  |
|                             | 6h. Debts to pension or profit-sharing plans, and other similar debts                                      | 6h.   | \$0.00  |
|                             | 6i. Other. Add all other nonpriority unsecured claims. Write tha amount here.                              | t 6i. | \$15,472.00                                     |
|                             | 6j. Total. Add lines 6f through 6i.  | 6j.   | \$26,149.00                                     |

|                        | Case 16-0685                  |  | 02/29/16         | Entered 02/          | 29/16 16:07:51             | Desc Main  |
|------------------------|-------------------------------|--|------------------|----------------------|----------------------------|--|
| Fill in this inforn    | nation to identify your case  | 9:   |                  |                      |                            |  |
| Debtor 1               | Erica                         |  | Hall             |                      |                            |  |
|                        | First Name                    | Middle Name  | Last N           | ame                  |                            |  |
| Debtor 2               | . —                           |  |                  |                      |                            |  |
| (Spouse, if filing     | First Name                    | Middle Name  | Last N           | ame                  |                            |  |
| United States B        | ankruptcy Court for the:      | Northern   | District of III  | inois                |                            |  |
|                        |                               |  | <u> </u>         | State)               |                            |  |
| Case number (If known) |                               |  |                  |                      |                            |  |
| Official               | Form 106G                     |  |                  |                      |                            | Check if this is ar amended filing                               |
| Schedu                 | le G: Execut                  | ory Contracts  | and Un           | expired L            | eases                      | 12/1   |
| •                      | d, copy the additional p      |  |                  | •                    |                            | ing correct information. If more onal pages, write your name and |
| 1. Do you h            | ave any executory             | contracts or unexpire  | ed leases?       |                      |                            |  |
| No. Che                | eck this box and file this fo | rm with the court with your ot                               | ner schedules. Y | ou have nothing else | to report on this form.    |  |
| Yes. Fill              | in all of the information be  | elow even if the contracts or                                | eases are listed | on Schedule A/B: Pr  | operty (Official Form 106A | /B).   |
| •                      | •                             | npany with whom you have<br>nstructions for this form in the |                  |                      |                            | ase is for (for example, rent, d unexpired leases.               |
| Persor                 | n or company with whor        | n you have the contract or                                   | lease            |                      | State what the contrac     | t or lease is for  |
|                        |                               |  |                  |                      |                            |  |

|               |                            | Case 16-0685  | 7 Doc 1 Filed 0   | 2/20/16 Entored                | <u>02/2</u> 9/16 16:07:51          | Desc Main   |
|---------------|----------------------------|---|---|--------------------------------|------------------------------------|---|
| Fill          | in this inform             | nation to identify your cas                         |   |                                | 0272.9/10 10.07.51                 | Desc Main   |
| De            | btor 1                     | Erica   |   | Hall                           |                                    |   |
| _             |                            | First Name  | Middle Name   | Last Name                      |                                    |   |
|               | btor 2<br>oouse, if filing | First Name  | Middle Name   | Last Name                      | _                                  |   |
| Un            | ited States E              | Sankruptcy Court for the:                           | Northern  | District of Illinois           |                                    |   |
|               | se number                  |   |   | (State)                        |                                    |   |
| (11 1         | (HOWIT)                    |   |   |                                |                                    | Check if this is a amended filing   |
| Of            | fficial I                  | Form 106H   |   |                                |                                    | <b>3</b>  |
| Sc            | hedul                      | e H: Your Co  | odebtors  |                                |                                    | 12/1  |
| toge<br>in th | ether, both                | are equally responsible<br>the left. Attach the Add | for supplying correct infori                                | nation. If more space is nee   | ded, copy the Additional Pag       | If two married people are filing<br>ge, fill it out, and number the entries<br>case number (if known). Answer |
| 1.            | Do you ha                  | ve any codebtors? (If yo                            | ou are filing a joint case, do no                           | list either spouse as a codebt | or.)                               |   |
| 2.            | Louisiana,                 |   | ived in a community proper<br>erto Rico, Texas, Washington, | • •                            | unity property states and territor | ries include Arizona, California, Idaho,  |
|               | Yes. [                     |   | pouse, or legal equivalent live v                           | vith you at the time?          |                                    |   |
|               |                            | Yes. In which community s                           | tate or territory did you live?                             | Fil                            | I in the name and current addre    | ss of that person.  |
|               |                            | Name of your spouse, f                              | ormer spouse, or legal equival                              | ent                            | _                                  |   |
|               |                            | Number Street                                       |   |                                | _                                  |   |
|               |                            | City  | State   | Zip Code                       | _                                  |   |
| 3.            | as a codel                 | otor only if that person i                          | s a guarantor or cosigner. I                                | Make sure you have listed th   |                                    | t the person shown in line 2 again<br>fficial Form 106D), <i>Schedule E/F</i><br>olumn 2.                     |
|               | Column 1                   | : Your codebtor                                     |   |                                | Column 2: The creditor to          | whom you owe the debt   |

Check all schedules that apply:

|  | Docum   |                            |                           | 9/16 16:         | 01.01        | <b>D</b> 000. | Main      |                    |
|--|---|----------------------------|---------------------------|------------------|--------------|---------------|-----------|--------------------|
| First Name Debtor 2  |   | Hall                       | age or or                 | <del>-00</del>   |              |               |           |                    |
| Debtor 2<br>(Spouse, if filing) First Name   | Middle Name   | Last Name                  | e                         | -                |              |               |           |                    |
| (Spouse, if filing) First Name   |   |                            |                           | 1                | Check if thi | s is:         |           |                    |
|  | Middle Name   | Last Name                  | e                         | -                | An ame       | ended filing  |           |                    |
| United States Bankruptcy Court for the:  | Northern  | District of Illinoi        | ie                        |                  |              |               |           | t-petition chapter |
| ormed states barmaptey countries the.  | - Itoluloiii  | (State                     |                           | -                | expens       | es as of the  | following | g date:            |
| Case number  |   |                            |                           | _                | MM / D       | D / YYYY      |           |                    |
| lf known)  |   |                            |                           |                  | IVIIVI / L   | וווו/טי       |           |                    |
| Official Form 106I   |   |                            |                           |                  |              |               |           |                    |
| Schedule I: Your Inco  | me  |                            |                           |                  |              |               |           | 12                 |
| esponsible for supplying correct<br>include information about your so<br>information about your spouse. I<br>ages, write your name and case<br>Part 1: Describe Employment | spouse. If you are sep<br>If more space is neede<br>number (if known). Ar | arated and yed, attach a s | your spous<br>separate sl | se is not filing | g with yo    | ou, do no     | t incl    | ide                |
| Fill in your employment  |   | Debtor 1                   |                           |                  | Debtor 2     | 2             |           |                    |
| information.   |   |                            |                           |                  |              |               |           |                    |
| If you have more than one  | Employment status   | ✓ Employed                 |                           |                  | Emplo        | oyed          |           |                    |
| job,   |   | Not Employ                 | yed                       |                  | ☐ Not E      | mployed       |           |                    |
| attach a separate page with information about additional   | Occupation  | CNA                        |                           |                  |              |               |           |                    |
| employers  | ·   |                            | - 0                       |                  |              |               |           |                    |
| Include part time, seasonal,   | Employer's name   | Freedom Hom                | <u>le Care</u>            |                  |              |               |           |                    |
| or   | Employer's address  | 1749 Green Ba              | ay Rd                     |                  | Number Str   | reet          |           |                    |
| self-employed work.  |   | Number Street              |                           |                  | rtumber ou   |               |           |                    |
| Occupation may include   |   |                            |                           |                  |              |               |           |                    |
| student  |   |                            |                           |                  |              |               |           |                    |
| or homemaker, if it applies.   |   | Highland                   | Illinois                  | 60035            | 07           |               | 0         |                    |
|  |   | Park<br>City               | State                     | Zip Code         | City         |               | State     | Zip Code           |
|  |   | City                       | State                     | Zip Code         |              |               |           |                    |
| ŀ  | How long employed there?  | 4 years                    |                           |                  |              |               |           |                    |

| Debtor 1 Erica Case 16-06857 Doc 1 Filed 02/209/16 First Name Middle Name Documentame  |         | ered @2/29/166<br>32 of 65 | 16 | :0,7: <u>51 Desc</u>              | <u>Mai</u> | <u>n</u>                |
|--|---------|----------------------------|----|-----------------------------------|------------|-------------------------|
| Doddinent  | i age   | For Debtor 1               |    | For Debtor 2 or non-filing spouse |            |                         |
| Copy line 4 here   | 4.      | \$1,529.17                 |    |                                   |            |                         |
| 5. List all payroll deductions:  |         |                            |    |                                   |            |                         |
| 5a. Tax, Medicare, and Social Security deductions  | 5a.     | \$279.33                   |    |                                   |            |                         |
| 5b. Mandatory contributions for retirement plans   | 5b.     | \$0.00                     |    |                                   |            |                         |
| 5c. Voluntary contributions for retirement plans   | 5c.     | \$0.00                     |    |                                   |            |                         |
| 5d. Required repayments of retirement fund loans   | 5d.     | \$0.00                     |    |                                   |            |                         |
| 5e. Insurance  | 5e.     | \$0.00                     |    |                                   |            |                         |
| 5f. Domestic support obligations   | 5f.     | \$0.00                     |    |                                   |            |                         |
| 5g. Union dues   | 5g.     | \$0.00                     |    |                                   |            |                         |
| 5h. Other deductions. Specify:   | 5h. +   | \$0.00                     | +  |                                   |            |                         |
| 6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e +5f + 5g +5h.  | 6.      | \$279.33                   |    |                                   |            |                         |
| 7. Calculate total monthly take-home pay. Subtract line 6 from line 4.   | 7.      | \$1,249.84                 |    |                                   |            |                         |
| 8. List all other income regularly received:   |         |                            |    |                                   |            |                         |
| 8a. Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total  |         | 40.00                      |    |                                   |            |                         |
| monthly net income.  | 8a.     | \$0.00                     |    |                                   |            |                         |
| 8b. Interest and dividends   | 8b.     | \$0.00                     |    |                                   |            |                         |
| 8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive  |         |                            |    |                                   |            |                         |
| Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.   | 8c.     | \$0.00                     |    |                                   |            |                         |
| 8d. Unemployment compensation  | 8d.     | \$0.00                     |    |                                   |            |                         |
| 8e. Social Security  | 8e.     | \$0.00                     |    |                                   |            |                         |
| 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies Specify: Food Assistance Programs | 8f.     | \$357.00                   |    |                                   |            |                         |
| 8g. Pension or retirement income   | 8g.     | \$0.00                     |    |                                   |            |                         |
| 8h. Other monthly income. Specify:   | 8h. +   | \$0.00                     | +  |                                   |            |                         |
| 9. <b>Add all other income</b> Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + 8h.   | 9.      | \$357.00                   |    |                                   | ]          |                         |
| 10. Calculate monthly income. Add line 7 + line 9.  Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse  | 10.     | \$1,606.84                 | +  |                                   | ]=         | \$1,606.84              |
| 11. State all other regular contributions to the expenses that you list in Scheol Include contributions from an unmarried partner, members of your household, your relatives. Do not include any amounts already included in lines 2-10 or amounts that are not                                    | depende | .,                         |    |                                   |            |                         |
| Specify:   |         |                            |    |                                   | 11. +      | \$0.00                  |
| 12. Add the amount in the last column of line 10 to the amount in line 11. The Write that amount on the Summary of Schedules and Statistical Summary of Certa  |         |                            |    |                                   | 12.        | \$1,606.84              |
|  |         | ŕ                          | ·  | •                                 |            | Combined monthly income |
| 13. Do you expect an increase or decrease within the year after you file this for No.  | m?      |                            |    |                                   |            |                         |
| Yes. Explain:  |         |                            |    |                                   |            |                         |

|   | Case 16-068                                  | 857 Doc 1 File  | ed 02/29/16            | Entered 02/29/                      | /16 16:07:51             | Desc Mai                                 | n            |
|---|--|---|------------------------|-------------------------------------|--------------------------|--|--------------|
| Fill in this inform                                 | ation to identify your o                     |   |                        |                                     |                          |  |              |
| Debtor 1  | Erica  |   | Hall                   |                                     |                          |  |              |
|   | First Name                                   | Middle Name   | e Last N               | ame                                 |                          |  |              |
| Debtor 2  | FracNicas                                    | NA' LUI NI  |                        |                                     | Check if this is:        |  |              |
| (Spouse, if filing)                                 | First Name                                   | Middle Name   | e Last N               | ame                                 | An amended filir         | ng                                       |              |
| United States Ba                                    | ankruptcy Court for the                      | e: Northern   | District of II         | inois<br>State)                     |                          | howing post-petition the following date: |              |
| Case number   |  |   | (,                     | orace)                              | oxportodo do or          | no lonoving date.                        |              |
| (If known)  |  |   |                        |                                     | MM / DD / YYY            | Y  |              |
| Official F  | orm 106J                                     |   |                        |                                     |                          |  |              |
| Schedul   | e J: Your E                                  | xpenses   |                        |                                     |                          |  | 12/1         |
| nformation. If m<br>f known). Answ                  |  | ssible. If two married peop<br>d, attach another sheet to<br>chold  |                        |                                     |                          |  | ber          |
| 1. Is this a joint                                  | case?  |   |                        |                                     |                          |  |              |
| ✓ No. Go t  | o line 2                                     |   |                        |                                     |                          |  |              |
| Yes. Do   | es Debtor 2 live in a                        | separate household?   |                        |                                     |                          |  |              |
|   | No   |   |                        |                                     |                          |  |              |
|   | Yes. Debtor 2 must                           | file Official Forms 106J-2, E   | Expenses for Separa    | te Household of Debtor 2.           |                          |  |              |
| 2. Do you have                                      | dependents?                                  | No  |                        |                                     |                          |  |              |
| Do not list De<br>Debtor 2.                         | _  | Yes. Fill out this information each dependent   |                        | nt's relationship to<br>or Debtor 2 | Dependent's age 4 months | Does depen with you?  No.  Yes.          | dent live    |
| Do your expenses of than yourself and dependents    | people other   ✓ your                        | No<br>Yes   |                        |                                     |                          |  |              |
| Part 2: Estim                                       | ate Your Ongoir                              | ng Monthly Expense  | s                      |                                     |                          |  |              |
| expenses as of<br>applicable date<br>Include expens | a date after the bar<br>es paid for with nor | bankruptcy filing date ur<br>nkruptcy is filed. If this is<br>n-cash government assist<br>d it on Schedule I: Your Ir | a supplemental So      | hedule J, check the bo              | •                        | rm and fill in the                       | our expenses |
|   | r home ownership of the ground or lot. 4.    | expenses for your residen   | ce. Include first mort | gage payments and                   |                          | 4.                                       | \$800.00     |
| If not inclu  | ded in line 4:                               |   |                        |                                     |                          |  |              |
| 4a. Real est  | ate taxes                                    |   |                        |                                     |                          | 4a                                       | \$0.00       |
| 4b. Property  | , homeowner's, or rer                        | nter's insurance  |                        |                                     |                          | 4b.                                      | \$0.00       |
| 4c. Home m  | aintenance, repair, an                       | d upkeep expenses   |                        |                                     |                          | 4c.                                      | \$0.00       |

\$0.00

4d.

4d. Homeowner's association or condominium dues

ebtor 1 Erica Case 16-06857 Doc 1 Filed 021/20/16 Entered 021/20116 ALG:07:51 Desc Main

Document Page 34 of 65 Your expenses 5. Additional mortgage payments for your residence, such as home equity loans \$0.00 5. 6. Utilities: 6a. Electricity, heat, natural gas \$0.00 6a. 6b. Water, sewer, garbage collection \$0.00 6b. 6c. Telephone, cell phone, Internet, satellite, and cable services \$50.00 6c. 6d. Other. Specify: \$0.00 6d 7. Food and housekeeping supplies \$357.00 7. 8. Childcare and children's education costs \$0.00 8. 9. Clothing, laundry, and dry cleaning \$25.00 9. 10. Personal care products and services \$24.00 10. 11. Medical and dental expenses \$0.00 11. 12. Transportation. Include gas, maintenance, bus or train fare. \$125.00 12. Do not include car payments 13. Entertainment, clubs, recreation, newspapers, magazines, and books \$0.00 13. 14. Charitable contributions and religious donations \$0.00 14. 15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance \$0.00 15a 15b. Health insurance \$0.00 15b 15c. Vehicle insurance \$50.00 15c 15d. Other insurance. Specify: \$0.00 15d 16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: \_ \$0.00 16 17. Installment or lease payments: 17a. Car payments for Vehicle 1 \$0.00 17a 17b. Car payments for Vehicle 2 17b \$0.00

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

17c

17d

18.

19.

20a

20b

20c

20d

20e

17c. Other. Specify:

17d. Other. Specify:

20a. Mortgages on other property

20c. Property, homeowner's, or renter's insurance

20d. Maintenance, repair, and upkeep expenses 20d.

20e. Homeowner's association or condominium dues

20b. Real estate taxes 20b.

Specify:

18. Your payments of alimony, maintenance, and support that you did not report as deducted from

20.Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.

your pay on line 5, Schedule I, Your Income (Official Form 106l).

19. Other payments you make to support others who do not live with you.

| Debtor 1 Erica  |  | Doc 1              | Filed 02#2/9/16             | <u>Entered</u> 02/29/16 /16:07: <u>51</u> | Desc Main |            |
|---|--|--------------------|-----------------------------|---|-----------|------------|
| First N   | Name   | Middle Name        | Documetht ende              | Page 35 of 65                             |           |            |
| 21.Other. Spec  | cify:  |                    |                             |   | 21        | \$0.00     |
|   |  |                    |                             |   |           |            |
| 22. Calculate y   | our monthly expenses.  |                    |                             |   |           | \$1,431.00 |
| 22a. Add lin  | es 4 through 21.   |                    |                             |   | _         | \$0.00     |
| 22b. Copy li  | ne 22 (monthly expenses fo                                     | r Debtor 2), if ar | y, from Official Form 106J- | -2  | _         | \$1,431.00 |
| 22c. Add line   | 22.  |                    |                             |   |           |            |
| 23. Calculate y   | our monthly net income.  |                    |                             |   |           |            |
| 23a. Copy line 12 (your combined monthly income) from Schedule I. |  |                    |                             |   |           |            |
| 23b. Copy your monthly expenses from line 22 above.               |  |                    |                             |   |           |            |
| 23c. Subtract your monthly expenses from your monthly income.     |  |                    |                             |   |           | \$175.84   |
| The re  | esult is your monthly net inco                                 | ome.               |                             |   | 23c       | _          |
| 24. Do you exp  | pect an increase or decrea                                     | ase in your exp    | enses within the year aft   | er you file this form?                    |           |            |
|   | ele, do you expect to finish pa<br>cayment to increase or decr |                    |                             |   |           |            |
| <b>✓</b> No   |  |                    |                             |   |           |            |
| Yes   |  |                    |                             |   |           |            |
|   | Explain here:  |                    |                             |   |           |            |
|   |  |                    |                             |   |           |            |
|   |  |                    |                             |   |           |            |
|   |  |                    |                             |   |           |            |

|                     |                           | Case 16-0685                | 7 Doc 1 Filed              | 4 02/20/16       | Entered 02                                       | <u>/2</u> 9/16 16:07:51 | Desc Main  |
|---------------------|---------------------------|-----------------------------|----------------------------|------------------|--|-------------------------|--|
| Fill                | in this inform            | ation to identify your case |                            | 1 (1717 3)/1(1   | J IMEIEU IIZ                                     | 29/10 10:07:31          | Desc Main  |
| Deb                 | otor 1                    | Erica                       |                            | Hall             |  |                         |  |
|                     | otor 2<br>ouse, if filing | First Name                  | Middle Name  Middle Name   |                  | Name<br>Name                                     |                         |  |
| Uni                 |                           | ankruptcy Court for the:    | Northern                   | District of I    | Ilinois<br>(State)                               |                         |  |
|                     | nown)                     |                             |                            |                  |  |                         |  |
| Of                  | ficial F                  | orm 106De                   | С                          |                  |  | <u> </u>                | Check if this is an amended filing   |
| De                  | clarat                    | ion About aı                | n Individual I             | Debtor's         | Schedules  | 5                       | 12/1:  |
| lf tw               | o married p               | eople are filing togethe    | r, both are equally resp   | onsible for supp | lying correct inforn                             | nation.                 |  |
| prop<br>1519        |                           | d in connection with a      |                            |                  | _  |                         | ling property, or obtaining money or ars, or both. 18 U.S.C. §§ 152, 1341, |
|                     | Did you pa                | y or agree to pay some      | one who is NOT an atto     | rney to help you | fill out bankruptcy                              | forms?                  |  |
| Yes. Name of person |                           |                             |                            |                  | ch Bankruptcy Petitio.<br>ature (Official Form 1 | ration, and             |  |
|                     |                           |                             | e that I have read the sur | mmary and sche   | dules filed with this                            | s declaration and       |  |
|                     | •                         | re true and correct.        |                            |                  |  |                         |  |
| ×                   | /s/ Erica H               |                             |                            | -                | Signature of D                                   | ebtor 2                 |  |
|                     | Date <u>2/29/2</u>        | 2016<br>DD/YYYY             |                            |                  | Date MM/DD                                       | / <u>/</u>              |  |

| Eill i | in this inform            | Case 1 nation to ident | 6-06857          | Doc 1              | Filed     | 02/29/16          | Entered 02                               | 2/29/16 16:     | 07:51     | Desc M       | lain                              |
|--------|---------------------------|------------------------|------------------|--------------------|-----------|-------------------|--|-----------------|-----------|--------------|-----------------------------------|
|        | otor 1                    | Erica                  | ny your case.    |                    |           | Hall              | J  |                 |           |              |                                   |
|        |                           | First Name             |                  | Middle             | Name      | Last N            | lame                                     | -               |           |              |                                   |
|        | otor 2<br>ouse, if filing | First Name             |                  | Middle             | Name      | Last N            | lame                                     |                 |           |              |                                   |
| Unit   | ted States E              | Bankruptcy Cou         | urt for the:     | Northern           |           | District of II    |  |                 |           |              |                                   |
|        | se number                 |                        |                  |                    |           | (;                | State)                                   | -               |           |              |                                   |
| <br>∩f | ficial I                  | Form 1                 | 07               |                    |           |                   |  |                 |           |              | Check if this is a amended filing |
|        |                           |                        |                  | l Affairs          | for       | Individu          | als Filing                               | for Ban         | krupto    | 2V           | 12/1                              |
|        |                           |                        |                  |                    |           |                   |  |                 | •         |              | formation. If more                |
| spac   | e is neede                | d, attach a se         | parate sheet     | to this form. Or   | the top   | of any addition   | nal pages, write yo                      | our name and ca | se number | (if known).  | Answer every question             |
| Pari   | 1: Give                   | Details Ab             | out Your N       | arital Status      | s and \   | Where You Li      | ved Before                               |                 |           |              |                                   |
| 1.     | What is                   | your current           | t marital statu  | s?                 |           |                   |  |                 |           |              |                                   |
|        | Ма                        | rried                  |                  |                    |           |                   |  |                 |           |              |                                   |
|        | ✓ Not                     | married                |                  |                    |           |                   |  |                 |           |              |                                   |
| 2.     | During t                  | the last 3 year        | rs, have you li  | ved anywhere       | other tha | an where you liv  | e now?                                   |                 |           |              |                                   |
|        | No No                     | List all of the        | nlagge vou live  | d in the last 2 ve | om Don    | oot inaluda whara | vou livo pow                             |                 |           |              |                                   |
|        | <b>▼</b> Tes              | . List all Of the      | places you live  | u in the last 5 ye | ais. D0 i | not include where | you live now.                            |                 |           |              |                                   |
|        | Dek                       | otor 1:                |                  |                    | Date:     | s Debtor 1 lived  | Debtor 2:                                |                 |           | Dat<br>the   | es Debtor 2 lived<br>re           |
|        |                           |                        |                  |                    |           |                   | Same as                                  | Debtor 1        |           |              | Same as Debtor 1                  |
|        |                           | 1 S Winthrop           |                  |                    | – From    | 8/1/2008          |  |                 |           | —— Fro       | m                                 |
|        | Nun<br>Apt                | nber Street<br>10      |                  |                    | То        | 8/1/2015          | Number Str                               | eet             |           | To           | ···· <u></u>                      |
|        | <del></del>               | cago                   | Illinois         | 60660              | _         |                   |  |                 |           |              |                                   |
|        | City                      | 0                      | State            | Zip Code           | _         |                   | City                                     | State           | Zip Co    | de           |                                   |
|        |                           |                        |                  |                    |           |                   | Same as                                  | Debtor 1        |           |              | Same as Debtor 1                  |
|        | Nun                       | nber Street            |                  |                    | - From    |                   | Number Str                               | eet             |           | — Fro        | m                                 |
|        |                           |                        |                  |                    | _ То      |                   |  |                 |           | То           |                                   |
|        | 0:                        |                        | 01-11-           | 7: 0: 1:           | _         |                   | 0.7                                      | 01-1-           | 7. 0.     | 1.           |                                   |
|        | City                      | '                      | State            | Zip Code           |           |                   | City                                     | State           | Zip Co    | de           |                                   |
| 3.     |                           |                        | •                | •                  |           | •                 | in a community po<br>erto Rico, Texas, W |                 | • .       | Community pi | roperty states and                |
|        | <b>✓</b> No               |                        |                  |                    |           |                   |  |                 |           |              |                                   |
|        | Yes. N                    | lake sure you          | fill out Schedul | e H: Your Codel    | otors (Of | ficial Form 106H  | ).                                       |                 |           |              |                                   |
|        |                           |                        |                  |                    |           |                   |  |                 |           |              |                                   |

Debtor 1 Erica Case 16-06857 Doc 1 Filed 02/20/16 Entered 02/20/16 @6:07:51 Desc Main

|              | First Name Middle Na  | ame Document de Document  | Page 38 of 65  |  |   |
|--------------|---|---|--|--|---|
| Part 2       | Explain the Sources of Your Inc   | ome   |  |  |   |
| I            | Did you have any income from employment Fill in the total amount of income you received factivities. If you are filing a joint case and you have the No   | rom all jobs and all businesses.  | including part-time  |  |   |
|              |   | Debtor 1  |  | Debtor 2   |   |
|              |   | Sources of income<br>Check all that apply.  | Gross income<br>(before deductions and<br>exclusions)            | Sources of income<br>Check all that apply.                 | Gross income<br>(before deductions and<br>exclusions)                     |
|              | From January 1 of current year until the date you filed for bankruptcy:   | ✓ Wages, commissions, bonuses, tips  Operating a business   | \$1324.79  | Wages, commissions, bonuses, tips Operating a business     |   |
|              | For last calendar year: (January 1 to December 31, 2015 ) YYYY  | <ul><li>✓ Wages, commissions, bonuses, tips</li><li>✓ Operating a business</li></ul>                    | \$18000.00   | ☐ Wages, commissions, bonuses, tips ☐ Operating a business |   |
|              | For the calendar year before that: (January 1 to December 31,   | <ul><li>✓ Wages, commissions, bonuses, tips</li><li>☐ Operating a business</li></ul>                    | \$21248.00   | <ul><li></li></ul>   |   |
| Ir<br>b<br>a | id you receive any other income during this aclude income regardless of whether that income enefit payments; pensions; rental income; interend you have income that you received together, sist each source and the gross income from each No | e is taxable. Examples of other<br>est; dividends; money collected<br>list it only once under Debtor 1. | income are alimony; child su<br>from lawsuits; royalties; and    | gambling and lottery winnings.                             |   |
|              |   | Debtor 1  |  | Debtor 2   |   |
|              |   | Sources of income<br>Describe below.  | Gross income from each source (before deductions and exclusions) | Sources of income<br>Describe below.                       | Gross income from<br>each source<br>(before deductions and<br>exclusions) |
|              | From January 1 of current year until the date you filed for bankruptcy:   |   | \$714.00   |  |   |
|              | For last calendar year: (January 1 to December 31, 2015 )  YYYY   |   | \$2,100.00   |  |   |

For the calendar year before that:

(January 1 to December 31, 2014

\$2,100.00

Debtor 1 Erica Case 16-06857 First Name <u>Filed 02/29/16 Entered 02/29/16 16</u>6:07:<u>51 Desc Main</u> Docume Page 39 of 65 Doc 1

Part 3: List Certain Payments You Made Before You Filed for Bankruptcy

| Are eith | er Debtor 1's o               | r Debtor 2's d                      | ebts primarily con                            | sumer debts?                  |   |                             |  |
|----------|-------------------------------|-------------------------------------|---|-------------------------------|---|-----------------------------|--|
| No.      |                               |                                     | r <b>2 has primarily c</b><br>ehold purpose." | onsumer debts. Consu          | umer debts are defined in 11  | U.S.C. § 101(8) as "incurre | d by an individual primarily                                       |
|          | During the 90 o               | days before you                     | ı filed for bankruptcy,                       | did you pay any creditor      | a total of \$6,225* or more?  |                             |  |
|          | No. Go to                     | line 7.                             |   |                               |   |                             |  |
|          | tota                          | ıl amount you p                     | aid that creditor. Do                         | not include payments for      | nore in one or more payment<br>domestic support obligation<br>attorney for this bankruptcy ca | s, such as                  |  |
|          | * Subject to ad               | justment on 4/0                     | 1/16 and every 3 yea                          | ars after that for cases file | ed on or after the date of adju   | stment.                     |  |
| ✓ Yes.   | . Debtor 1 or D               | ebtor 2 or bot                      | h have primarily c                            | onsumer debts.                |   |                             |  |
|          | During the 90 o               | days before you                     | ı filed for bankruptcy,                       | did you pay any creditor      | a total of \$600 or more?   |                             |  |
|          | ✓ No. Go to                   | line 7.                             |   |                               |   |                             |  |
|          | Yes. List                     | below each cre<br>t creditor. Do no | ot include payments                           |                               | e and the total amount you paigations, such as child suppo<br>nkruptcy case.                  |                             |  |
|          |                               |                                     |   | Dates of payment              | Total amount paid   | Amount you still owe        | Was this payment for   |
|          | editor's Name<br>umber Street | State                               | Zip Code                                      |                               |   |                             | Mortgage Car Credit card Loan repayment Suppliers or vendors Other |
| Cro      | editor's Name                 |                                     |   |                               |   | -                           | Mortgage   |
|          |                               |                                     |   |                               |   |                             | Car  |
| Nu<br>   | ımber Street                  |                                     |   |                               |   |                             | Credit card Loan repayment   |
| Cit      | ty                            | State                               | Zip Code                                      |                               |   |                             | Suppliers or vendors   |
|          |                               |                                     |   |                               |   |                             | Other  |
| Cre      | editor's Name                 |                                     |   |                               |   |                             | Mortgage Car   |
| Nu       | ımber Street                  |                                     |   |                               |   |                             | Credit card  |
| _        |                               |                                     |   |                               |   |                             | Loan repayment   |
| _        |                               |                                     |   |                               |   |                             | Suppliers or   |
| Cit      | ty                            | State                               | Zip Code                                      |                               |   |                             | vendors Other  |

Doc 1 Filed 021/29/16 Entered 02/29/16 16:07:51 Desc Main Debtor 1 Document Page 40 of 65 Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider? Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony. Yes. List all payments to an insider. Dates of Total amount paid Amount you still Reason for this payment payment owe Insider's Name Number Street City State Zip Code Insider's Name Number Street City State Zip Code Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an Include payments on debts guaranteed or cosigned by an insider. Yes. List all payments that benefited an insider. Dates of Total amount paid Amount you still Reason for this payment payment owe Include creditor's name Insider's Name Number Street City State Zip Code Insider's Name Number Street City State Zip Code

Debtor 1 Erica Case 16-06857 Doc 1 Filed 024/29/16 Entered 024/29/16 (146:07:51 Desc Main

Document Page 41 of 65 Identify Legal Actions, Repossessions, and Foreclosures Part 4: 9. Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding? List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes. No Yes. Fill in the details. Status of the case Nature of the case Court or agency Case title Pending Court Name On appeal Case number Concluded Number Street City State Zip Code Case title Pending Court Name On appeal Case number Concluded Number Street City Zip Code State Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied? Check all that apply and fill in the details below. No. Go to line 11. Yes. Fill in the information below. Date Value of the Describe the property property Creditor's Name Explain what happened Number Street Property was repossessed. Property was foreclosed. Property was garnished. Property was attached, seized, or levied. Citv State Zip Code Date Value of the Describe the property property

Creditor's Name

Street

State

Zip Code

Number

City

Explain what happened

Property was repossessed. Property was foreclosed. Property was garnished.

Property was attached, seized, or levied.

| Deb | tor 1    | Erica Case 16-06857<br>First Name                                     |                     | <u>d 02½9/16 Entered</u>                                   | : <u>51 Desc</u>         | <u>Main</u>              |
|-----|----------|---|---------------------|--|--------------------------|--------------------------|
| 11. |          | nin 90 days before you filed for<br>ounts or refuse to make a paymo   | bankruptcy, did any | creditor, including a bank or financial institution, set o | ff any amounts fr        | rom your                 |
|     |          | Yes. Fill in the details.   |                     |  |                          |                          |
|     |          |   |                     | Describe the action the creditor took                      | Date action was taken    | Amount                   |
|     |          | Creditor's Name   |                     |  |                          |                          |
|     |          | _   |                     |  |                          |                          |
|     |          | Number Street   |                     |  |                          |                          |
|     |          |   |                     | Last 4 digits of account number: XXXX-                     |                          |                          |
|     |          | City State  | Zip Code            |  |                          |                          |
| 12. |          | in 1 year before you filed for ba<br>iver, a custodian, or another of |                     | f your property in the possession of an assignee for the   | ne benefit of credi      | itors, a court-appointed |
|     | <b>☑</b> | No<br>Yes   |                     |  |                          |                          |
|     |          |   | 4 11 4 1            |  |                          |                          |
|     |          | List Certain Gifts and Co   |                     |  |                          |                          |
| 13. | Wi       | thin 2 years before you filed for                                     | bankruptcy, did you | give any gifts with a total value of more than \$600 per   | person?                  |                          |
|     |          | No Yes. Fill in the details for each gi                               | ift.                |  |                          |                          |
|     |          | Gifts with a total value of more per person                           |                     | Describe the gifts   | Dates you gave the gifts | Value                    |
|     |          |   |                     |  |                          |                          |
|     |          | Person to Whom You Gave the G   | ift                 |  |                          |                          |
|     |          |   |                     |  |                          |                          |
|     |          | Number Street   |                     |  |                          |                          |
|     |          | City State  | Zip Code            |  |                          |                          |
|     |          | Person's relationship to you  |                     |  | _                        |                          |
|     |          | Person to Whom You Gave the Gi  | ift                 |  |                          |                          |
|     |          |   |                     |  |                          |                          |
|     |          | Number Street   |                     |  |                          |                          |
|     |          | City State  | Zip Code            |  |                          |                          |
|     |          | Person's relationship to you  |                     |  |                          |                          |
|     |          |   |                     |  |                          |                          |

|      |       | D(  | ocument Page 43 of 65   |   |                        |
|------|-------|---|---|---|------------------------|
| 14.  | With  |   | give any gifts or contributions with a total value of mor   | e than \$600 to an                      | y charity?             |
|      |       | No Yes. Fill in the details for each gift or contribution.    |   |   |                        |
|      |       | Gifts with a total value of more than \$600 per person        | Describe the gifts  | Dates you gave the gifts                | Value                  |
|      |       | Charity's Name  |   |   |                        |
|      |       |   |   |   |                        |
|      |       | Number Street   |   |   |                        |
|      |       | City State Zip Code   |   |   |                        |
| Part | 6: I  | List Certain Losses   |   |   |                        |
| 15.  |       | in 1 year before you filed for bankruptcy or since yobling?   | ou filed for bankruptcy, did you lose anything because  | of theft, fire, othe                    | r disaster, or         |
|      | _     | No  |   |   |                        |
|      |       | Yes. Fill in the details.  Describe the property you lost and | Describe any insurance coverage for the loss  | Date of your                            | Value of property lost |
|      |       | how the loss occurred   | Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property.   | loss                                    | value of property lost |
|      |       |   | , ,   |   |                        |
| Dart | 7.    | List Certain Payments or Transfers                            |   |   |                        |
| 16.  | Inclu | ing bankruptcy or preparing a bankruptcy petition?            | r anyone else acting on your behalf pay or transfer any portransfer any por |   | e you consulted about  |
|      |       | Yes. Fill in the details.                                     |   |   |                        |
|      |       |   | Description and value of any property transferred   | Date payment<br>or transfer<br>was made | Amount of payment      |
|      |       | Semrad Law Firm   | Semrad Law Firm - \$300.00  | 2/15/2016                               | \$300.00               |
|      |       | Person Who Was Paid<br>20 South Clark Street 28th Floor       |   |   |                        |
|      |       | Number Street   |   |   |                        |
|      |       | Chicago Illinois 60606  |   |   |                        |
|      |       | City State Zip Code   |   |   |                        |
|      |       | Email or website address                                      |   |   |                        |
|      |       | Person Who Made the Payment, if Not You                       |   | 1                                       |                        |
|      |       | Person Who Was Paid   |   |   |                        |
|      |       | Number Street   |   |   |                        |
|      |       | City State Zip Code   |   |   |                        |
|      |       | Email or website address                                      |   |   |                        |
|      |       | Person Who Made the Payment, if Not You                       |   |   |                        |

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| Deb | tor 1          | Erica<br>First Nan                     | <u>Case 16</u>                 | -06857                                       | Doc 1<br>Middle Name                               |                  | d 02√29/16<br>cument             | Entered 02/2/26<br>Page 44 of 65 | 9/16/146:07:      | 51 Desc                                 | <u>Main</u> |                        |
|-----|----------------|--|--------------------------------|--|--|------------------|----------------------------------|----------------------------------|-------------------|---|-------------|------------------------|
| 17. | you            | deal wit                               | th your credi                  | tors or to ma                                | nkruptcy, did<br>ake payments<br>that you listed o | to you           | r creditors?                     | ng on your behalf pay            | or transfer any p | property to anyor                       | ne who p    | promised to help       |
|     | <b>✓</b>       | No<br>Yes. Fil                         | I in the details               | S.   |  |                  |                                  |                                  |                   |   |             |                        |
|     |                |  |                                |  |  |                  | Description and                  | d value of any property          | transferred       | Date payment<br>or transfer<br>was made | Amou        | nt of payment          |
|     |                | Persor                                 | Who Was Pa                     | aid  |  |                  |                                  |                                  |                   |   |             |                        |
|     |                | Numbe                                  | er Street                      |  |  |                  |                                  |                                  |                   |   |             |                        |
|     |                | City                                   |                                | State  | Zip Code   |                  |                                  |                                  |                   |   |             |                        |
| 18. | Inclu<br>trans | nary co<br>de both<br>sfers that<br>No | urse of your<br>outright trans | business or<br>sfers and transeady listed on | financial affai                                    | irs?<br>security |                                  | erwise transfer any proportion   |                   |   | -           |                        |
|     |                |  |                                |  |  |                  | Description and property transfe |                                  |                   | property or paymebts paid in exch       |             | Date transfer was made |
|     |                | Persor                                 | Who Receive                    | ed Transfer                                  |  |                  |                                  |                                  |                   |   |             |                        |
|     |                | Numbe                                  | er Street                      |  |  |                  |                                  |                                  |                   |   |             |                        |
|     |                | City<br>Persor                         | n's relationship               | State o to you                               | Zip Code   |                  |                                  |                                  |                   |   |             |                        |
|     |                | Persor                                 | Who Receive                    | ed Transfer                                  |  |                  |                                  |                                  |                   |   |             |                        |
|     |                | Numbe                                  | er Street                      |  |  |                  |                                  |                                  |                   |   |             |                        |
|     |                | City<br>Persor                         | n's relationship               | State to you                                 | Zip Code   |                  |                                  |                                  |                   |   |             |                        |
| 19. |                |  | ears before y                  |  |  | id you 1         | ransfer any prop                 | perty to a self-settled tr       | ust or similar de | evice of which yo                       | u are a l   | peneficiary?           |
|     |                | No<br>Yes. Fil                         | I in the details               | S.   |  |                  |                                  |                                  |                   |   |             |                        |
|     |                |  |                                |  |  |                  | Description an                   | d value of the property          | r transferred     |   |             | Date transfer was made |
|     |                | Name                                   | of trust                       |  |  |                  |                                  |                                  |                   |   |             |                        |
|     |                |  |                                |  |  |                  |                                  |                                  |                   |   |             | -                      |

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First Name Middle Name Documes Hame Page 45 of 65

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| CII C | List Certain Financial Accounts, instruments, Sale Deposit Boxes, and Storage Units |                                |                |                    |              |                         |               |                    |                           |   |   |
|-------|---|--------------------------------|----------------|--------------------|--------------|-------------------------|---------------|--------------------|---------------------------|---|---|
| 20.   | or tra  | ansferred?                     | , money marke  | t, or other financ | cial account |                         |               |                    | n your name, or for you   |   |   |
|       |   | No<br>Yes. Fill in the details | s.             |                    |              |                         |               |                    |                           |   |   |
|       |   |                                |                |                    | Last numb    | 4 digits of acco<br>per |               | Type of a instrume | account or<br>ent         | Date account<br>was closed,<br>sold, moved,<br>or transferred | Last balance<br>before closing<br>or transfer |
|       |   | Person Who Was Pa              | aid            |                    | — xxxx       | <b>(-</b>               |               | Che                | cking<br>ings             |   |   |
|       |   | Number Street                  |                |                    | <u> </u>     |                         |               | =                  | ey market<br>kerage<br>er |   |   |
|       |   | City                           | State          | Zip Code           |              |                         |               |                    |                           |   |   |
|       |   | Person Who Was Pa              | aid            |                    | XXXX         | <b>(-</b>               |               | Che                | cking<br>ings             |   |   |
|       |   | Number Street                  |                |                    |              |                         |               | Brok               | ney market<br>kerage      |   |   |
|       |   | City                           | State          | Zip Code           |              |                         |               | Othe               | er                        |   |   |
| 21.   |   | ou now have, or dic            | d you have wit |                    | ore you file | ed for bankrupt         | cy, any safe  | deposit            | box or other depositor    | ry for securities,  | cash, or other                                |
|       |   | ables?<br>No                   |                |                    |              |                         |               |                    |                           |   |   |
|       |   | Yes. Fill in the details       | S.             |                    | Who else     | had access to           | it?           |                    | Describe the contents     | 3   | Do you still have it?                         |
|       |   | Name of Financial Ir           | nstitution     |                    | Name         |                         |               |                    |                           |   | □ No  |
|       |   | Number Street                  |                |                    | Number       | Street                  |               |                    |                           |   | Yes   |
|       |   | City                           | State          | Zip Code           | City         | State                   | Zip C         | ode                |                           |   |   |
| 22.   | Have  |                                |                |                    | other than   | your home wit           | thin 1 year b | oefore yo          | ou filed for bankruptcy   | ?   | ı   |
|       |   | No<br>Yes. Fill in the details | s.             |                    |              |                         |               |                    |                           |   |   |
|       |   |                                |                |                    | Who else     | had access to           | it?           |                    | Describe the contents     | S   | Do you still have it?                         |
|       |   | Name of Storage Fa             | acility        |                    | Name         |                         |               |                    |                           |   | ☐ No<br>☐ Yes                                 |
|       |   | Number Street                  |                |                    | Number       | Street                  |               |                    |                           |   |   |
|       |   |                                |                |                    | City         | State                   | Zip Co        | ode                |                           |   |   |
|       |   | City                           | State          | Zip Code           |              |                         |               |                    |                           |   |   |

| Debtor 1       | First Name Middle Name   | Documen  | lŧ <sup>™</sup> Pa(             | <u>ntered</u>                          | :9⁄41.6 ⁄14.6:∙07: <u>51 Desc Mair</u>    | 1               |
|----------------|--|--|---------------------------------|--|---|-----------------|
| Part 9:        | Identify Property You Hold or Control  | l for Someone  | e Else                          |  |   |                 |
| 23. Do         | you hold or control any property that someone  No  Yes. Fill in the details.   | e else owns? Incl  | lude any pro                    | pperty you borro                       | wed from, are storing for, or hold in tru | st for someone. |
|                |  | Where is the p   | property?                       |  | Describe the contents                     | Value           |
|                | Owner's Name   | Number Street  | :                               |  | -   |                 |
|                | Number Street  | -  |                                 |  | -   |                 |
|                |  | City   | State                           | Zip Code                               | -   |                 |
|                | City State Zip Code  | _  |                                 |  |   |                 |
| Part 10:       | Give Details About Environmental In  | formation  |                                 |  |   |                 |
| For the p      | ourpose of Part 10, the following definitions apply:   |  |                                 |  |   |                 |
| h<br>ir<br>■ S | Environmental law means any federal, state, or local nazardous or toxic substances, wastes, or material in including statutes or regulations controlling the clear Site means any location, facility, or property as define        | nto the air, land, so<br>nup of these subst<br>ed under any enviro | oil, surface wa<br>ances, waste | ater, groundwater,<br>es, or material. | or other medium,                          |                 |
| ■ <i>H</i> to  | or used to own, operate, or utilize it, including disposi-<br>diazardous material means anything an environmenta-<br>oxic substance, hazardous material, pollutant, conta-<br>all notices, releases, and proceedings that you know | al law defines as a<br>aminant, or similar<br>about, regardless    | term.<br>of when they           | occurred.                              |   |                 |
| 24. ⊓as        | s any governmental unit notified you that you n  No  Yes. Fill in the details.   | пау ве павле от р  | octentially li                  | able under or in                       | violation of an environmental law?        |                 |
|                |  | Governmenta  | l unit                          |  | Environmental law, if you know it         | Date of notice  |
|                | Name of site   | Governmental u   | ınit                            |  | -   |                 |
|                | Number Street  | Number Street  |                                 |  | -   |                 |
|                |  | City   | State                           | Zip Code                               | -   |                 |
|                | City State Zip Code  | _  |                                 |  |   |                 |
| 25. Hav        | ve you notified any governmental unit of any re  | elease of hazardo  | ous material                    | ?                                      |   |                 |
|                | Yes. Fill in the details.  | Covernments  | Lunit                           |  | Environmental law if you know it          | Date of notice  |
|                |  | Governmenta  | ı unit                          |  | Environmental law, if you know it         | Date of notice  |
|                | Name of site   | Governmental u   | ınit                            |  | -   |                 |
|                | Number Street  | Number Street  |                                 |  | -   |                 |
|                |  | City   | State                           | Zip Code                               | -   |                 |
|                | City State Zip Code  | _  |                                 |  |   |                 |

| Debto  | r 1      | Erica Case 16-0<br>First Name | 06857 Doc<br>Middle Name         |               |                         | Entered @2/26<br>Page 47 of 65 | 9h16 ak    | 6⊌07: <u>51</u> | Desc Main          |                    |
|--------|----------|-------------------------------|----------------------------------|---------------|-------------------------|--------------------------------|------------|-----------------|--------------------|--------------------|
| 26. H  | lav      | e you been a party in a       | ny judicial or admi              | nistrative p  | roceeding under         | any environmental lav          | w? Include | settlements     | and orders.        |                    |
| [      | <b>✓</b> | No                            |                                  |               |                         |                                |            |                 |                    |                    |
|        |          | Yes. Fill in the details.     |                                  | Cour          | t a.r a.n.a.n.a.r       |                                | Noture of  | of the same     |                    | Ctatus of the      |
|        |          |                               |                                  | Cou           | irt or agency           |                                | nature o   | of the case     |                    | Status of the case |
|        |          | Case title                    |                                  |               |                         |                                |            |                 |                    | Pending            |
|        |          |                               |                                  | Cou           | rt Name                 |                                |            |                 |                    | On appeal          |
|        |          |                               |                                  | Num           | nber Street             |                                |            |                 |                    | Concluded          |
|        |          | Case number                   |                                  | City          | State                   | e Zip Code                     |            |                 |                    |                    |
| Part 1 | 1.       | Give Details Abou             | ıt Vour Busines                  |               |                         | ·                              |            |                 |                    |                    |
|        |          |                               |                                  |               |                         |                                |            |                 |                    |                    |
| 27. \  | Vith     | nin 4 years before you        | filed for bankrupto              | y, did you o  | wn a business or        | have any of the follov         | ving conne | ections to an   | y business?        |                    |
|        |          |                               |                                  | •             |                         | ity, either full-time or par   | t-time     |                 |                    |                    |
|        |          | A member of a limit           | ted liability company<br>nership | (LLC) or lim  | ited liability partnel  | rsnip (LLP)                    |            |                 |                    |                    |
|        |          |                               | or managing execut               | ive of a corp | oration                 |                                |            |                 |                    |                    |
|        |          | An owner of at least          | st 5% of the voting or           | equity secu   | rities of a corporation | on                             |            |                 |                    |                    |
| [      | <b>₹</b> | No. None of the above a       |                                  |               |                         | _                              |            |                 |                    |                    |
| L      | _        | Yes. Check all that apply     | above and fill in the            | details belov |                         | s.<br>ature of the business    |            | Employer Ide    | entification numb  | er Do not          |
|        |          |                               |                                  |               |                         |                                |            |                 | al Security number |                    |
|        |          | Business Name                 |                                  |               |                         |                                |            | EIN:            |                    |                    |
|        |          | Number Street                 |                                  |               |                         |                                |            | Dates busine    | ess existed        |                    |
|        |          | Number Street                 |                                  |               | Name of accoun          | ntant or bookkeeper            |            |                 |                    |                    |
|        |          | City                          | State Zip                        | Code          |                         |                                |            | From            | To                 | <u> </u>           |
|        |          |                               |                                  |               |                         |                                |            |                 |                    |                    |
|        |          |                               |                                  |               | Describe the na         | ature of the business          |            |                 | entification numb  |                    |
|        |          | Business Name                 |                                  |               |                         |                                |            | EIN:            |                    |                    |
|        |          | Number Street                 |                                  |               |                         |                                |            | Dates busine    | ass avistad        |                    |
|        |          | Number Street                 |                                  |               | Name of accoun          | ntant or bookkeeper            |            | Dutes Busine    | ood existed        |                    |
|        |          | City                          | State Zip                        | Code          |                         |                                |            | From            | To                 |                    |
|        |          |                               |                                  |               |                         |                                |            |                 |                    |                    |
|        |          |                               |                                  |               | Describe the na         | ature of the business          |            |                 | entification numb  |                    |
|        |          |                               |                                  |               |                         |                                |            |                 | al Security number | er or ITIN.        |
|        |          | Business Name                 |                                  |               |                         |                                |            | EIN:            |                    |                    |
|        |          | Number Street                 |                                  |               | Name of season          | ntant or bookkooner            |            | Dates busine    | ess existed        |                    |
|        |          | City                          | State 7:                         | Code          | reame or accoun         | ntant or bookkeeper            |            | From            | To                 |                    |
|        |          | City S                        | State Zip                        | Code          |                         |                                |            |                 | 10                 |                    |
|        |          |                               |                                  |               |                         |                                |            |                 |                    |                    |

|          |  | <u>led 02½09/16 Entered </u> 02⅓29¼16¼6¾07: <u>51 Desc Main</u><br>Docum <del>lentre</del> Page 48 of 65   | _ |
|----------|--|--|---|
|          |  | u give a financial statement to anyone about your business? Include all financial institutions,  |   |
| <b>∠</b> | No Yes. Fill in the details below.   |  |   |
|          | _  | Date issued  |   |
|          | Name   | MM/DD/YYYY   |   |
|          | Number Street  |  |   |
|          | City State Zip Code  | <del></del>  |   |
| Part 12  | Sign Below   |  |   |
| and      | I correct. I understand that making a false statemer   | I Affairs and any attachments, and I declare under penalty of perjury that the answers are true<br>nt, concealing property, or obtaining money or property by fraud in connection with a<br>mprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. |   |
|          | /s/ Erica Hall   | *  |   |
|          | /s/ Erica Hall Signature of Debtor 1   | Signature of Debtor 2  |   |
|          | /s/ Erica Hall   |  |   |
| Did      | Signature of Debtor 1  Date 2/15/2016  | Signature of Debtor 2  |   |
| <b>✓</b> | Signature of Debtor 1  Date 2/15/2016  I you attach additional pages to Your Statement of I          | Signature of Debtor 2  Date  Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)?  |   |
| <b>✓</b> | Signature of Debtor 1  Date 2/15/2016  I you attach additional pages to Your Statement of I  No  Yes | Signature of Debtor 2  Date  Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)?  |   |

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B 203 (12/94)

### **UNITED STATES BANKRUPTCY COURT**

### **Northern District of Illinois**

| n re | Erica Hall  |   | Case No.                     |                                |  |  |  |  |
|------|---|---|------------------------------|--------------------------------|--|--|--|--|
| _    | Debtor  |   |                              | (If known)                     |  |  |  |  |
|      |   |   | Chapter                      | Chapter 13                     |  |  |  |  |
|      |   |   |                              |                                |  |  |  |  |
|      | DISCLOSURE OF   | COMPENSATION OF ATT   | ORNEY FOR D                  | EBTOR                          |  |  |  |  |
| 1.   | Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2 year before the filing of the petition in bankruptcy, or in connection w ith the bankruptcy case is as follow   | agreed to be paid to me, for services rendered  |                              |                                |  |  |  |  |
|      | For legal services, I have agreed to accept   |   |                              | \$4,000.00                     |  |  |  |  |
|      | Prior to the filing of this statement I have received   |   |                              | \$300.00                       |  |  |  |  |
|      | Balance Due   |   |                              | \$3,700.00                     |  |  |  |  |
| 2.   | The source of the compensation paid to me was:  Debtor  | Other (specify)   |                              |                                |  |  |  |  |
| 3.   | The source of the compensation paid to me is:  Debtor   | Other (specify)   |                              |                                |  |  |  |  |
| 4.   | I have not agreed to share the above-disclosed members and associates of my law firm.   | compensation with any other person unless the   | ey are                       |                                |  |  |  |  |
|      |   | mpensation with a other person or persons who of the agreement, together with a list of the nam ched. |                              |                                |  |  |  |  |
| 5.   | In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:  a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy; |   |                              |                                |  |  |  |  |
|      | b. Preparation and filing of any petition, sche   | dules, statements of affairs and plan which may   | be required;                 |                                |  |  |  |  |
|      | c. Representation of the debtor at the meetir   | g of creditors and confirmation hearing, and any  | y adjourned hearings there   | eof;                           |  |  |  |  |
|      | d. Representation of the debtor in adversary  | proceedings and other contested bankruptcy ma   | atters;                      |                                |  |  |  |  |
| 6.   | . By agreement with the debtor(s), the above-disclos  | ed fee does not include the following services:   |                              |                                |  |  |  |  |
|      |   | CERTIFICATION   |                              |                                |  |  |  |  |
|      | I certify that the foregoing is a complete statement of eedings.  | any agreement or arrangement for payment to n   | ne for representation of the | e debtor(s) in this bankruptcy |  |  |  |  |
|      | 2/29/2016   | /s/ Na  | athan Delman                 |                                |  |  |  |  |
|      | Date  | Signa   | ture of Attorney             | _                              |  |  |  |  |
|      |   | Sem   | nrad Law Firm                |                                |  |  |  |  |
|      |   | Nan   | ne of law firm               |                                |  |  |  |  |
|      |   |   |                              |                                |  |  |  |  |

## Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

### This notice is for you if:

You are an individual filing for bankruptcy,

and

Your debts are primarily consumer debts.

Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

### The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of the Bankruptcy Code:

- Chapter 7 Liquidation
- Chapter 11 Reorganization
- Chapter 12 Voluntary repayment plan for family farmers or fishermen
- Chapter 13 Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

### **Chapter 7: Liquidation**

|   | \$245 | filing fee         |
|---|-------|--------------------|
|   | \$75  | administrative fee |
| + | \$15  | trustee surcharge  |
|   | \$335 | total fee          |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

- most taxes;
- most student loans;
- domestic support and property settlement obligations;

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- most fines, penalties, forfeitures, and criminal restitution obligations; and
- certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

- fraud or theft;
- fraud or defalcation while acting in breach of fiduciary capacity;
- intentional injuries that you inflicted; and
- death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form — the Chapter 7 Means Test Calculation (Official Form 122A-2). The calculations on the form— sometimes called the Means Test—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

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your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

### Chapter 11: Reorganization

|   | \$1,167 | filing fee         |
|---|---------|--------------------|
| + | \$550   | administrative fee |
|   | \$1,717 | total fee          |

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

### **Read These Important Warnings**

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

### Chapter 12: Repayment plan for family farmers or fishermen

|   | \$200 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$275 | total fee          |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

## Chapter 13: Repayment plan for individuals with regular income

|   | \$310 | total fee          |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$235 | filing fee         |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

- domestic support obligations,
- most student loans,
- certain taxes,
- debts for fraud or theft,
- debts for fraud or defalcation while acting in a fiduciary capacity,
- most criminal fines and restitution obligations,
- certain debts that are not listed in your bankruptcy papers,
- certain debts for acts that caused death or personal injury, and
- certain long-term secured debts.

### Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court

For more information about the documents and their deadlines, go to:

http://www.uscourts.gov/bkforms/bankruptcy\_forms.html#procedure.

## Bankruptcy crimes have serious consequences

- If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.
- All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

## Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together - called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

# Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days **before** you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from:

http://www.justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit 20AndDebtCounselors.aspx

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

# Case 16-06857 Doc 1 Filed 02/29/16 Entered 02/29/16 16:07:51 Desc Main UNITED STATES BANKBURICY COURT Northern District of Illinois

| In re: | Hall, Erica                                  | Case No   |                                 |  |
|--------|--|---|---------------------------------|--|
|        | Debtor(s)                                    |   |                                 |  |
|        |  | Chapter.  | Chapter13                       |  |
|        | VERIFICA <sup>-</sup>                        | TION OF CREDITOR MATRIX                           |                                 |  |
|        | The above named Debtors hereby verify that t | ne attached list of creditors is true and correct | to the best of their knowledge. |  |
|        |  |   |                                 |  |
|        |  |   |                                 |  |
| Date:  | 2/29/2016                                    | /s/ Hall, Erica                                   |                                 |  |
|        |  | Hall Erica  |                                 |  |

Signature of Debtor

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Chrysler Capital P.O. Box 961275 Fort Worth , TX 76161

Navient 1002 ARTHUR DR LYNN HAVEN , FL 32444

Navient 1002 ARTHUR DR LYNN HAVEN , FL 32444

CREDITONEBNK PO BOX 98872 LAS VEGAS , NV 89193

FIRST PREMIER BANK 601 S MINNESOTA AVE SIOUX FALLS , SD 57104

City of Chicago Parking 121 N. LaSalle St # 107A Chicago , IL 60602

IL Secretary of State 2701 S. Dirksen Parkway Springfield , IL 62723

Illinois Tollway PO Box 5544 Chicago , IL 60680

Comcast 11621 E. Marginal Way # 5 Bankruptcy Dept Seattle , WA 98168

US Cellular Dept 0205 Palatine , IL 60055

Willowbrook Acceptance Corp 7301 Kingery Hwy Willowbrook , IL 60527

## UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS

## RIGHTS AND RESPONSIBILITIES AGREEMENT BETWEEN CHAPTER 13 DEBTORS AND THEIR ATTORNEYS

(Court-Approved Retention Agreement, Revised as of 4/20/15)

Chapter 13 gives debtors important rights, such as the right to keep property that could otherwise be lost through repossession or foreclosure, but Chapter 13 also puts burdens on debtors, such as the burden of making complete and truthful disclosures of their financial situation. It is important for debtors who file a Chapter 13 bankruptcy case to understand their rights and responsibilities in bankruptcy. In this connection, the advice of an attorney is often crucial. Debtors are entitled to certain services from their attorneys, but debtors also have responsibilities to their attorneys. In order to assure that debtors and their attorneys understand their rights and responsibilities in the Chapter 13 process, the judges of the Bankruptcy Court for the Northern District of Illinois have approved this agreement, setting out the rights and responsibilities of both debtors in Chapter 13 and their attorneys, including how their attorneys will be paid for their services in the Chapter 13 case. By signing this agreement, debtors and their attorneys accept these responsibilities.

The Bankruptcy Code may require a debtor's attorney to provide the debtor with certain documents and agreements at the start of the representation. The terms of this court-approved agreement take the place of any conflicting provision in an earlier agreement. This agreement cannot be modified in any way by other agreements. Any provision of another agreement between the debtors and the attorney that conflicts with this agreement is void.

### A. BEFORE THE CASE IS FILED

#### THE DEBTOR AGREES TO:

- 1. Discuss with the attorney the debtor's objectives in filing the case.
- 2. Provide the attorney with full, accurate and timely information, financial and otherwise, including properly documented proof of income.

### THE ATTORNEY AGREES TO:

- 1. Personally counsel the debtor regarding the advisability of filing either a Chapter 13 or a Chapter 7 case, discuss both procedures (as well as non-bankruptcy options) with the debtor, and answer the debtor's questions.
- 2. Personally explain to the debtor that the attorney is being engaged to represent the debtor on all matters arising in the case, as required by Local Bankruptcy Rule, and explain how and when the attorney's fees and the trustee's fees are determined and paid.

- 3. Personally review with the debtor and sign the completed petition, plan, statements, and schedules, as well as all amendments thereto, whether filed with the petition or later. (The schedules may be initially prepared with the help of clerical or paralegal staff of the attorney's office, but personal attention of the attorney is required for the review and signing.)
- 4. Timely prepare and file the debtor's petition, plan, statements, and schedules.
- 5. Explain to the debtor how, when, and where to make all necessary payments, including both payments that must be made directly to creditors and payments that must be made to the Chapter 13 trustee, with particular attention to housing and vehicle payments.
- 6. Advise the debtor of the need to maintain appropriate insurance.

### B. AFTER THE CASE IS FILED

### THE DEBTOR AGREES TO:

- 1. Make the required payments to the trustee and to whatever creditors are being paid directly, or, if required payments cannot be made, to notify the attorney immediately.
- 2. Appear punctually at the meeting of creditors (also called the "341 meeting") with recent proof of income and a picture identification card. (If the identification card does not include the debtor's social security number, the debtor must also bring to the meeting a social security card.) The debtor must be present in time for check-in and when the case is called for the actual examination.
- 3. Notify the attorney of any change in the debtor's address or telephone number.
- 4. Inform the attorney of any wage garnishments or liens or levies on assets that occur or continue after the filing of the case.
- 5. Contact the attorney immediately if the debtor loses employment, has a significant change in income, or experiences any other significant change in financial situation (such as serious illness, marriage, divorce or separation, lottery winnings, or an inheritance).
- 6. Notify the attorney if the debtor is sued or wishes to file a lawsuit (including divorce.)
- 7. Inform the attorney if any tax refunds to which the debtor is entitled are seized or not received when due from the IRS or Illinois Department of Revenue.
- 8. Contact the attorney before buying, refinancing, or selling real property, and before entering into any loan agreement.
- 9. Supply the attorney with copies of all tax returns filed while the case is pending.

### THE ATTORNEY AGREES TO:

1. Advise the debtor of the requirement to attend the meeting of creditors, and notify the debtor of the date, time, and place of the meeting.

- 2. Inform the debtor that the debtor must be punctual and, in the case of a joint filing, that both spouses must appear at the same meeting.
- 3. Provide knowledgeable legal representation for the debtor at the meeting of creditors (in time for check-in and the actual examination) and, unless excused by the trustee, for the confirmation hearing.
- 4. If the attorney will be employing another attorney to attend the 341 meeting or any court hearing, personally explain to the debtor in advance, the role and identity of the other attorney and provide the other attorney with the file in sufficient time to review it and properly represent the debtor.
- 5. Timely submit to the Chapter 13 trustee properly documented proof of income for the debtor, including business reports for self-employed debtors.
- 6. Timely respond to objections to plan confirmation and, where necessary, prepare, file, and serve an amended plan.
- 7. Timely prepare, file, and serve any necessary statements, amended statements, and schedules and any change of address, in accordance with information provided by the debtor.
- 8. Monitor all incoming case information (including, but not limited to, Order Confirming Plan, Notice of Intent to Pay Claims, and 6-month status reports) for accuracy and completeness. Contact the trustee promptly regarding any discrepancies.
- 9. Be available to respond to the debtor's questions throughout the term of the plan.
- 10. Prepare, file, and serve timely modifications to the plan after confirmation, when necessary, including modifications to suspend, lower, or increase plan payments.
- 11. Prepare, file, and serve necessary motions to buy or sell property and to incur debt.
- 12. Object to improper or invalid claims.
- 13. Timely respond to the Chapter 13 trustee's motions to dismiss the case, such as for payment default, or unfeasibility, and to motions to increase the percentage payment to unsecured creditors.
- 14. Timely respond to motions for relief from stay.
- 15. Prepare, file, and serve all appropriate motions to avoid liens.
- 16. Provide any other legal services necessary for the administration of the case.

## C. TERMINATION OR CONVERSION OF THE CASE AFTER ENTRY OF AN ORDER APPROVING FEES AND EXPENSES

- 1. Approved fees and expenses paid under the provisions set out below are generally not refundable in the event that the case is dismissed prior to its completion, unless the dismissal is due to a failure by the attorney to comply with the duties set out in this agreement. If such a dismissal is due to a failure by the attorney, the court may order a refund of fees on motion by the debtor.
- 2. If the case is dismissed after approval of the fees and expenses but before payment of all allowed fees and expenses, the order entered by the Bankruptcy Court allowing the fees and expenses is not a judgment against the debtor for the unpaid fees and expenses based on contract law or otherwise.
- 3. If the case is converted to a case under chapter 7 after approval of the fees and expenses under this agreement but before the payment of all fees and expenses, the attorney will be entitled to an administrative claim in the chapter 7 case for any unpaid fees and expenses, pursuant to section 726(b) of the Bankruptcy Code, plus any conversion fee the attorney pays on behalf of the debtor.

### D. RETAINERS AND PREVIOUS PAYMENTS

- 1. The attorney may receive a retainer or other payment before filing the case but may not receive fees directly from the debtor after the filing of the case. Unless the following provision is checked and completed, any retainer received by the attorney will be treated as a security retainer, to be placed in the attorney's client trust account until approval of a fee application by the court.
- The attorney seeks to have the retainer received by the attorney treated as an advance payment retainer, which allows the attorney to take the retainer into income immediately. The attorney hereby provides the following further information and representations:
- (a) The special purpose for the advance payment retainer and why it is advantageous to the debtor is as follows:

Client understands that any funds that client is rendering to The Semrad Law Firm, LLC as part of the advance payment retainer shall immediately become the property of The Semrad Law Firm, LLC in exchange for a commitment by The Semrad Law Firm, LLC to provide the legal services described above. Said funds will be deposited into the main bank account owned by The Semrad Law Firm, LLC and will be used for general expense of the firm. Client further understands that it is ordinarily the client's option to deposit funds with an attorney that shall remain client's property as security for future services. However, The Semrad Law Firm, LLC does not represent clients under such a security retainer because the preparation of a bankruptcy cases requires many disparate

tasks and functions for the attorney amd support staff; some of which require legal expertise while other may be only ministerial in nature. Client further understands that the benefit that client is receiving under the fee arrangement is the commitment of The Semrad Law Firm, LLC to perform any and all work reasonably necessary to represent client's interest absent any extraordinary circumstance.

- (b) The retainer will not be held in a client trust account and will become property of the attorney upon payment and will be deposited into the attorney's general account;
- (c) The retainer is a flat fee for the services to be rendered during the chapter 13 case and will be applied for such services without the need for the attorney to keep detailed hourly time records for the specific services performed for the debtor;
- (d) Any portion of the retainer that is not earned or required for expenses will be refunded to the client; and
- (e) The attorney is unwilling to represent the debtor without receiving an advanced payment retainer because of the nature of the chapter 13 case, the fact that the great majority of services for such case are performed prior to its filing, and the risks associated with the representation of debtors in bankruptcy cases in general.
- 2. In any application for compensation the attorney must disclose to the court any fees or other compensation paid by the debtor to the attorney for any reason within the one year before the case filing.

### E. CONDUCT AND DISCHARGE

- 1. Improper conduct by the attorney. If the debtor disputes the sufficiency or quality of the legal services provided or the amount of the fees charged by the attorney, the debtor may file an objection with the court and request a hearing.
- 2. Improper conduct by the debtor. If the attorney believes that the debtor is not complying with the debtor's responsibilities under this agreement or is otherwise engaging in improper conduct, the attorney may apply for a court order allowing the attorney to withdraw from the case.
- 3. Discharge of the attorney. The debtor may discharge the attorney at any time.

### F. ALLOWANCE AND PAYMENT OF ATTORNEYS' FEES AND EXPENSES

- 1. Any attorney retained to represent a debtor in a Chapter 13 case is responsible for representing the debtor on all matters arising in the case unless otherwise ordered by the court. For all of the services outlined above, the attorney will be paid a flat fee of \$4000.00
- 2. In addition, the debtor will pay the filing fee required in the case of \$ 310.00
- 3. Before signing this agreement, the attorney has received, \$ 300.00 toward the flat fee, leaving a balance due of \$ 3700.00 ; and \$ 72.00 for expenses, leaving a balance due for the filing fee of \$ 310.00

4. In extraordinary circumstances, such as extended evidentiary hearings or appeals, the attorney may apply to the court for additional compensation for these services. Any such application must be accompanied by an itemization of the services rendered, showing the date, the time expended, and the identity of the attorney performing the services. The debtor must be served with a copy of the application and notified of the right to appear in court to object.

| Date: 2/15/2016 |                            |
|-----------------|----------------------------|
| Signed:         |                            |
| Erica Hall      | /s/ Nathan Delman          |
| Debtor(s)       | Attorney for the Debtor(s) |

Do not sign this agreement if the amounts are blank.

Case 16-06857 Doc 1 Filed 02/29/16 Entered 02/29/16 16:07:51 Document Page 62 Ota65 number (# known) Debtor 1 Part 6: Answer These Questions for Reporting Purposes 16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) 16. What kind of debts as "incurred by an individual primarily for a personal, family, or household purpose." do you have? No. Go to line 16b. ✓ Yes. Go to line 17. 16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. No. Go to line 16c. Yes. Go to line 17. 16c. State the type of debts you owe that are not consumer debts or business debts. 17. Are you filing under No. I am not filing under Chapter 7. Go to line 18. Chapter 7? Do you estimate that Yes. I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors? after any exempt property is excluded No. and administrative Yes. expenses are paid that funds will be available for distribution to unsecured creditors? 25,001-50,000 **1-49** 1,000-5,000 18. How many creditors 5,001-10,000 50,001-100,000 50-99 do you estimate that 10,001-25,000 More than 100,000 100-199 you owe? 200-999 \$500,000,001-\$1 billion \$0-\$50,000 \$1,000,001-\$10 million 19. How much do you \$10,000,001-\$50 million \$1,000,000,001-\$10 billion \$50,001-\$100,000 estimate your assets \$10,000,000,001-\$50 billion \$100,001-\$500,000 \$50,000,001-\$100 million to be worth? More than \$50 billion \$100,000,001-\$500 million \$500,001-\$1 million \$1,000,001-\$10 million \$500,000,001-\$1 billion \$0-\$50,000 20. How much do you \$1,000,000,001-\$10 billion \$50,001-\$100,000 \$10,000,001-\$50 million estimate your \$50,000,001-\$100 million \$10,000,000,001-\$50 billion \$100,001-\$500,000 liabilities to be? \$100,000,001-\$500 million More than \$50 billion \$500,001-\$1 million Part 7: Sign Below I have examined this petition, and I declare under penalty of perjury that the information provided is true For you and correct. If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7. If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b). I request relief in accordance with the chapter of title 11, United States Code, specified in this petition. I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years,

Signature of Debtor 2

Executed on 2/15/2016 Executed on MM / DD / YYYY

MM / DD / YYYY



Case 16-06857 Doc 1 Filed 02/29/16 Entered 02/29/16 16:07:51 Desc Main Fill in this information to identify your case: Debtor 1 Erica First Name Middle Name Last Name Debtor 2 (Spouse, if filing) First Name Middle Name Last Name United States Bankruptcy Court for the: Northern District of Illinois (State) Case number (If known) Check if this is an Official Form 106Dec amended filing **Declaration About an Individual Debtor's Schedules** 12/15 If two married people are filing together, both are equally responsible for supplying correct information. You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. Part 1: Sign Below Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms? √ No Yes, Name of person Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119). 海绵类 山田镇。 Under penalty of perjury, I declare that I have road the summary and schedules filed with this declaration and that they are true and correct. ✗ /s/ Erica Hall Signature of Debtor 1 Signature of Debtor 2 Date 2/15/2016 Date MM/DD/YYYY MM/DD/YYYY

|                            | Case   | 16-06  | 857  | Doc 1                                   | Filed                     | 02/29/16                           |  | 2/29/16 16:07:5   | 1 Desc Main   |
|----------------------------|--|--|--|---|---------------------------|------------------------------------|--|---|---|
|                            | Erica<br>First Name  |  | ······································                                     | Middle Name                             | Do                        | cument                             | Page 64 of a   | စြေရ number (if known)  |   |
| r                          | rirşi ryame  |  |  | Migdle Name                             |                           | Last Name                          |  |   | ······································                      |
| credit                     | in 2 years I<br>tors, or oth<br>No<br>Yes, Fill in th  | ner partie   | s.   | bankruptcy                              | , did you                 | give a financial                   | statement to anyon   | e about your business   | ? Include all financial institutions,                       |
| ' لــا                     | 163, 1 111 111 11  | ie uetalis i   | delow,   |   |                           | Date issued                        | deligioses   |   |   |
|                            |  |  |  |   |                           | Date 1550eu                        |  |   |   |
|                            | Name   |  |  | ·                                       |                           | MM/DD/YYYY                         | <del></del>  |   |   |
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|                            | Number   | Street   |  |   |                           |                                    |  |   |   |
|                            | City   |  | State  | Zin                                     | Code                      | <del></del>                        |  |   |   |
|                            | City   |  | 2006   | ZIP 1                                   | Cooe                      |                                    |  |   |   |
|                            |  |  |  |   |                           |                                    |  |   |   |
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Hall Frica

Northern District of Illinois

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|--------|--------------------------------------|----------------|---------------|---------------------------------|-------------------|---------------------|---------|
|        | Debtor(s)                            |                |               |                                 |                   |                     |         |
|        |                                      |                | C             | hapter.                         | Chap              | er13                |         |
|        | VERII                                | FICATION       | OF CRE        | DITOR MA                        | TRIX              |                     |         |
|        | The above named Debtors hereby verif | y that the att | ached list of | creditors is true               | and correct to th | e best of their kno | wledge. |
| Date:  | 2/15/2016                            | atur Sues<br>L | ed di         | /s/ Hall, Erica                 | 9 Le              | HU                  |         |
|        |                                      |                |               | Hall, Erica<br>Signature of Deb | otor              |                     |         |